

COOPERATIVE EXTENSION

EMPLOYEE DEVELOPMENT PROGRAM (Please see criteria for this affirmative action program)

REQUEST FOR AUTHORIZATION TO REIMBURSE EMPLOYEE'S FEE/TUITION*

Employee Name		Classification/Title	
Employing Department			
Check one: <input type="checkbox"/> Unclassified Staff <input type="checkbox"/> Nonrepresented Classified			
Proposed Coursework (Course Title & Number)			
Starting Date for Course _____	Ending Date for Course _____	No. of Credits	To be taken at:
Costs associated with the course: (a) Fee/Instruction Cost _____ (b) Segregated Fee _____ Total _____		Proposed course is: <input type="checkbox"/> Job Related <input type="checkbox"/> Career Related Undergraduate <input type="checkbox"/> Career Related Graduate	
NOTICE: Due to the frequent changes in tax laws regarding tuition reimbursements, the most recent IRS regulations should be consulted regarding potential tax liability.			
How does the proposed course of study relate to the employee's current job assignment/position duties? How will the course-provided knowledge/techniques improve employee's performance and usefulness?			
I have reviewed the supporting documentation and recommend reimbursement.			
Department Head/Unit Supervisor	Date	If denied, state reason.	
Hiring Authority	Date		
Dean	Date		
UWEX Human Resources Director	Date		
Percent of Reimbursement	Amount	Funding Source (Coding)	

*Reimbursement to an employe for career related undergraduate or graduate courses require that the institution report these payments to the IRS. The employe will receive a 1099 form and is responsible for any tax consequences.