

Instructions: Please complete the employee portion of this page, make a photocopy for your records. Forms must be submitted to your tuition coordinator **30 days prior** to the beginning of the school term.

Name			Hire Date		Employee No.	
SS#		Business Phone #			Home Phone #	
Entity			Department			
School		Semester Start /date		Semester End Date		
Degree/Certificate (e.g. Associates, Bachelors)				Major		Hours Required
Claim type	Course No. & Name	Cost per Hour	Activity Fees	Lab Fees	Cost of Books	Total Cost
<input type="checkbox"/> Covered by tuition Plan A <input type="checkbox"/> Not covered by tuition <input type="checkbox"/> Over tuition yearly max.						
<input type="checkbox"/> Covered by tuition Plan A <input type="checkbox"/> Not covered by tuition <input type="checkbox"/> Over tuition yearly max.						
Type of Eligible course expenses			Course expenses NOT covered			
<ul style="list-style-type: none"> Individual, credit - generating courses offered by an accredited institution plus books and required fees Certification courses Professional certification and qualifying exams Remedial courses Language courses Distance learning: courses computing online programs of study Non-credit, career-related educational activities: workshops or seminars not normally paid for by BJC 			<ul style="list-style-type: none"> Hobby or handcraft courses Mileage reimbursement Computers Equipment unless required by the course and pre-approved by BJC Day care while employee attends class Food and travel Voluntary fees Dollars provided by a BJC scholarship or other type of financial aid (Scholarships, Grants, Loans) 			
Financial Aid (Scholarships, Grants, Loans) Type		Financial Aid Amount				
Signatures						
Employee			Date			
Department Head / Supervisor				Date		<input type="checkbox"/> Approval <input type="checkbox"/> Denial
I verify this individual is a <input type="checkbox"/> FULL-TIME or <input type="checkbox"/> PART-TIME benefits eligible employee. Has this employee received a formal disciplinary action within the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No DATE: _____						
Human Resources Department Use Only						
Human Resources				Date		<input type="checkbox"/> Approval <input type="checkbox"/> Denial
Amount Requested \$ _____		Date Submitted for Payment		To be Taxed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount Approved \$ _____		Grade Due		Grade		

Please keep a photocopy of this form for your records and turn in original to: HUMAN RESOURCES