**UNIVERSITY OF MARYLAND, BALTIMORE**

Human Resource Services

**TUITION REIMBURSEMENT REQUEST**

(Complete one form per class)

Return completed form to: HRS Benefits 620 W. Lexington Street, 3rd Floor – HRBenefits@umaryland.edu

(410) 706-2616 [P] <http://www.umaryland.edu/hrs/>

**Please Complete and Obtain Appropriate Approvals**

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| **Department Information** | | | | | | | | | | | |
| Department Code | |  | | School/Adm. Dept. Name | |  | | | | | |
| Department Contact | |  | | Contact Phone |  | | Contact Fax | |  | | |
| Employee Name | |  | |  | | Employee SSN# | | |  | | |
| Employee Job Title | | | |  | | Account Number for Reimbursement | | |  | | |
| Name of University/College Being Attended | | | |  | | Payroll Account Number | | |  | | |
| Course Name | | | |  | | Course Number | | |  | | |
| Dates of Course | | | |  | | Number of Credits | | |  | | |
| 1. | Is this course available at any other USM institution? | | | Yes  No | | | | | | | |
| 2. | Explain why employee is taking the course at a non-USM university/college. | | |  | | | | | | | |
| 3. | How is this specific course related to the employee’s job and how this course will contribute to the employee’s job performance? | | |  | | | | | | | |
| 4. | Please provide the following documentation to support your request | | | A copy of the employee’s job description. If faculty, please attach a copy of their  offer letter outlining the job and expectations (in lieu of a job description)  A copy of the course(s) description  A copy of the course registration  A letter of recommendation from the Department Head/Designee describing  how the proposed course is required for the employee to keep their present job or  maintain or improve the skills required for their current employment | | | | | | | |
| **Eligibility and Conditions** | | | | | | | | | | | |
| Requests must be submitted to Human Resource Services for pre-approval at least two weeks before the course is scheduled to begin. | | | | | | | | | | | |
| Only full-time regular staff and faculty are eligible for tuition reimbursement. | | | | | | | | | | | |
| Employee is responsible for paying for the course. Reimbursement may only be requested upon successful completion of the course with a grade “C” or above. | | | | | | | | | | | |
| The maximum reimbursement per semester shall be for one course, not to exceed 4 credits. The maximum allowance per credit is not to exceed the current charge for one (equivalent) graduate/undergraduate credit hour at the University of Maryland, College Park. | | | | | | | | | | | |
| Upon successful completion of the course, submit a copy of this approved agreement, proof of final passing grade, and proof of payment to Financial Services Accounts Payable for payment. | | | | | | | | | | | |
| **Approvals** | | | | | | | | | | | |
| I hereby certify that I qualify for Tuition Reimbursement, and that information provided in items 1, 2, 3 and 4 above is accurate. | | | | | | | | | | | |
| Employee Signature | | |  | | | Printed Name | |  | | Date |  |
| Department Head/Chair Approval Signature | | |  | | | Printed Name | |  | | Date |  |
| HRS Approval Signature | | |  | | | Printed Name | |  | | Date |  |