

## Employee Educational Assistance Request Form

See the educational assistance program policy webpage (link) for more information. Contact Human Resources at (608)785-8013 if you have questions on completing this form.

Employee Information	
Employee name:	<i>Funding:</i> 102-1-700165
Employee ID #:	Email address:
Employing department:	Classification/title:
Employee type: <input type="checkbox"/> Faculty <input type="checkbox"/> Instructional Academic Staff <input type="checkbox"/> University Staff <input type="checkbox"/> Non-Instructional Academic Staff	

Proposed Coursework	
Course title and number:	Credit Hours:
Course begin date:	Course end date:
Institution to be taken at:	
Tuition fee for the course (do not include segregated fees):	
Proposed course is: <input type="checkbox"/> Job related <input type="checkbox"/> Career related undergraduate <input type="checkbox"/> Career related graduate	
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?	

Approvals	
<i>I have reviewed the supporting documentation and recommend this reimbursement.                      If request is not approved, please attach reason/explanation and submit to HR with this form.</i>	
_____ Supervisor	_____ Date
_____ Dean/Director	_____ Date

HR use only	
HR Approval:	Amount Approved:
Date:	