

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"/> University Staff	<input type="checkbox"/> Instructional Academic 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:	
Total Tuition* fee for the course (do not include segregated fees):	
Requested Reimbursement**:	
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
_____ Vice Chancellor	_____ Date

HR use only	
<i>HR Approval:</i>	<i>Amount Approved:</i>
<i>Date:</i>	

*It is required that you provide the tuition tables, (chart of tuition) for the institution you are taking coursework.

**This amount cannot exceed [UW-La Crosse limits](#).