



# Pre-Approval Request for Tuition Reimbursement

Employees must complete this form **prior to the beginning of each semester for approval by department administrators**. Courses that are not completed in a semester require the submission of a new approval form. Upon course completion, **remit to HR** a grade report or transcript, in addition to a financial aid report, in order to receive course reimbursement. Reimbursement will not exceed the SUNY tuition rate. Tuition reimbursement in a calendar year over \$5,250 is considered a taxable fringe benefit under IRS regulations. Tuition reimbursement up to \$5,250 is processed through Accounts Payable. Any tuition reimbursement above \$5,250 is processed through payroll and subject to payroll taxes.

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_  
Department: \_\_\_\_\_  
 FT  PT If PT, then FTE \_\_\_\_\_

## COURSE INFORMATION

University/College: \_\_\_\_\_  
Degree Type: \_\_\_\_\_  
Area of Study: \_\_\_\_\_  
Semester:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_  
Course No. : \_\_\_\_\_  
Course Title : \_\_\_\_\_  Undergraduate  
 Graduate  
Course Credit Hours: \_\_\_\_\_  
Course Start Date: \_\_\_\_\_  
Course Description : \_\_\_\_\_

Reason for enrollment in course: \_\_\_\_\_

**Please note: Human Resources will send you a confirming email acknowledging receipt of this form. No reimbursement will be paid to you without this acknowledgement. If you do not receive a confirming email from Human Resources prior to the start of your course, please contact Julie Van Skiver in Human Resources at 352-2722 or [jvanskiv@monroe2boces.org](mailto:jvanskiv@monroe2boces.org).**

\_\_\_\_\_  
Employee name (print)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

## DEPARTMENT ACTION

Course is recommended  Course is not recommended Budget Code: \_\_\_\_\_

\_\_\_\_\_  
Department Administrator name

\_\_\_\_\_  
Department Administrator signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent for Human Resources name

\_\_\_\_\_  
Assistant Superintendent for Human Resources signature

\_\_\_\_\_  
Date