



Tuition Reimbursement Application

FOR APPROVAL OF ACADEMIC PROGRAM OR COURSEWORK

Must be submitted within 30 days of course(s) start date

Instructions

- Complete this form for eligibility approval of academic program or coursework.
- Sign the printed form and obtain signature from your manager.
- When completed, mail the completed form to:

ADP Tuition Reimbursement Administration
PO Box 34700
Louisville, KY 40232
Fax 1-866-643-2219

EMPLOYEE INFORMATION

Last name, First Name , Middle Initial:

Employee ID # (required - can be found in lookup)

Work Locaton:

Email Address:

Cost Center:

Business Unit

Manager Name:

Manager Email:

CLASS INFORMATION

Is this your first tuition reimbursement application?

Yes No

Term Begin Date:

Term End Date:

Semester:

Institution Name:

Institution Location:

Degree Type (AA/AS, BA/BS, M, PHD)

Note: Classes taken to obtain a certificate is not eligible for reimbursement.

Class 1 Name:

Units:

Class 2 Name:

Units:

Text Book Names:

Total Amount of Tuition Reimbursement:

Employee's Signature:

Date:

Manager's Signature:

Date:

Second-Level Manager Signature*:

Date:

***only required if this is your first time applying for reimbursement.**