

Johns Hopkins University
Tuition Reimbursement Plan Application for Bargaining Unit Members

- **INSTRUCTIONS:** Complete this form and obtain supervisory signature prior to taking a course. After completing the courses for which you desire reimbursement, mail or fax this form with a copy of course grade reports and payment receipts for out-of-pocket tuition costs to:

Johns Hopkins University Benefits Service Center
1101 East 33rd Street, Suite D-100 Baltimore, Maryland 21218
410-516-2000 (Phone) 443-997-5820 (Fax)

- **ELIGIBILITY:** Full-time bargaining unit members having completed 90 days or more of service. The 90-day waiting period can be waived if the supervisor or department head certifies the course as a requirement for the job.
- **PAYMENT ALLOWANCES:** Reimbursement will be made for 100% of tuition up to **\$500 per calendar year** (January 1–December 31) for **credit and non-credit courses** taken outside JHU, not available through the University. For academic credit courses, proof of payment and a grade of “C” or better at a degree-granting college/university are required. Proof of attendance and course completion are required for non-credit courses. Reimbursements will be made directly via payroll. Complete applications submitted by the 5th will be reimbursed by the 2nd pay of that month. Reimbursements submitted after December 5th will count against the maximum allowance for the following year.
- **AGREEMENT:** I hereby certify that I have read the Tuition Reimbursement policy. All information I have provided here is accurate. I have been in benefits eligible status for 90 consecutive days (unless this policy has been waived by my supervisor for job-related coursework) and continue in a full time eligible position. Any deliberate misstatement on this application represents grounds for exclusion from reimbursement program participation and/or termination.

Part I: Employee’s Information (please print)

(Last)	(First)	(Initial)	(Personnel #)	(SSN)
(Home Address)			(Work Phone)	(Home Phone)
			(E-mail address)	

Faculty's or Staff Member's Signature: _____ Date: _____

Part II: College and Course Information (Please Print)

 (Semester/Session & Year) (College Name)

Course Number	Course Title	Course Type (Grad or UG)	Credit Hours	Course Cost (No fees)

Part III: Supervisory Approval: I hereby confirm the employee above was: 1) Eligible for this program at the start date for the courses indicated and continues in a full-time position, or 2) released from work for the courses indicated if they were offered during work hours, and/or 3) granted a waiver of the 90-day full-time employment restriction for required courses.

Supervisor's or Department Head's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Payment _____ Payment type _____ Grade _____ BSC Initial's and date _____

Reimbursement Processed Yes No BSS Initial's and date _____