

Johns Hopkins University Tuition Reimbursement Plan Application for Faculty and Staff

Select one:

- Undergraduate Studies for Faculty and Staff within Baltimore/Washington Metropolitan Area (100% reimbursement up to \$2,000 per calendar year)
- Undergraduate and Graduate Studies for Faculty and Staff in Outlying Areas (100% reimbursement up to \$5,250 per calendar year)
- **INSTRUCTIONS:** After completing the courses for which you desire reimbursement, complete this application, obtain supervisor approval, and mail or fax it 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 Faculty and Staff having completed 120 days or more of service. Faculty and Staff in Outlying Areas must live and work outside the Baltimore/Washington metropolitan area. The 120-day waiting period can be waived if the supervisor or department head certifies the course as a requirement for the job.
- **PAYMENT ALLOWANCES:** The Tuition Reimbursement Plan applies only to courses taken for academic credit at a degree-granting college/university, outside Johns Hopkins University. Reimbursement is for part-time studies only. Proof of **payment** and a **grade of "C"** or better are required. 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 benefits eligible for 120 consecutive days (unless this policy has been waived by my supervisor for job-related coursework) and continue in a full-time position. Any deliberate misstatement on this application represents grounds for exclusion from reimbursement plan 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 Undergrad)	Credit Hours	Course Cost (Exclude fees)

Part III: Supervisory Approval: I hereby confirm the above employee 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 120-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 _____