

- **INSTRUCTIONS:** After completing the courses and receiving a final grade of "C" or better, complete this application with supervisor signature, and include the following: copy of tuition costs, course grade and proof of payment for completed course. Mail, fax, or email form and required documentation to:

**JHU Benefits Service Center | 1101 East 33<sup>rd</sup> Street, Suite D200 | Baltimore, MD 21218 | 443-997-5820 (Fax) | [benefits@jhu.edu](mailto:benefits@jhu.edu)**

- **ELIGIBILITY:** Full-time Bargaining Unit members having completed 90 consecutive days or more of service. The waiting period can be waived if the supervisor or department head approves the course as a requirement for the job.
- **PAYMENT ALLOWANCES:** Reimbursement will be made for 100% of tuition up to **\$2,000 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 an official grade of "C" or better at an accredited, degree-granting college/university are required. Pass/Fail/Satisfactory cannot be accepted as a grade! Proof of attendance and course completion are required for non-credit courses. Submit reimbursement requests within 12 months of course completion. Reimbursements will be made directly via payroll. **Reimbursements submitted after December 5<sup>th</sup> will count against the maximum allowance for the following year with no exceptions.**
- **AGREEMENT:** I hereby certify that I have read the Tuition Reimbursement policy. All information I have provided here is accurate. I have been in a benefits-eligible status for the waiting period of 90 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)	(Middle Initial)	(Personnel #)
(Home Address)	(Work Phone)		(Home Phone)
		(Email address)	
Bargaining Unit Member's Signature: _____			Date: _____

**Part II: College and Course Information (Please Print – All Sections Must Be Completed)**

(Semester/Session & Year)	(College Name)			
Course Number	Course Title	Credit Hours	Course Type (Grad or Undergrad)	Your Tuition 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 90 consecutive days of full-time employment restriction for required courses.

Supervisor's or Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Payment Type: \_\_\_\_\_ Grade  BSC Initials \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Processed: Yes No OBS Initials \_\_\_\_\_ Date \_\_\_\_\_