

Dundergraduate Studies: For Full-time Faculty/Staff who are living and working within the Baltimore/Washington Metropolitan Area (reimbursement up to \$2,000 per calendar year)  Jundergraduate/Graduate Studies: For Full-time Faculty/Staff living and working in outlying areas beyond the Baltimore/Washington Metro Area (reimbursement up to \$5,250 per calendar year)  INSTRUCTIONS: After completing the courses and receiving a find grade, complete this application, obtain supervisor approvinctude the following: copy of student's account summary with pool of hillion and fee cost, course grade and proof of power to the following: copy of student's account summary with pool of hillion and fee cost, course grade and proof of power to receive a completed course. Mol. Fox. or remail form and required documentation to:  JHU Benefits Service Center   1101 East 33** Street, Sulle 2200   Baltimore, MD 21218   443-975-9820 (fax)   benefits/shu-edu EUGIBIUTY; Full-lime Faculty and Staff having completed 120 consecutive days or more of full-time service. The waiting period can be waited if the supervisor of department head approves the course as a requirement for the job. The waiting greets beyond the Maryland/Washington DC. metro area;  PAYMBHT ALLOWARGS: The Tuline Reimbursement Plan applets to course stoke for grademic gradeling and an acceptable, degree granting callege/university, outside Johns Hopoless Inventity. Reimbursement is for post time studies only (1) a credit or least, Application will be approved within 12 months of course completion-not exceptioned through the following year with no exceptions.  AGREEMENT: thereby certify that 1 hove read the Tulition Reimbursement policy. All Information I have provided here is accurated through the provided provided through the accurated as a carded [Only credit classes are reimbursement policy with provided	Select one:							
beyond the Baltimore/Washington Metro Area (reimbursement up to \$5,250 per calendar year)  INSTRUCTIONS: After completing the courses and receiving a final grade, complete this application, obtain supervisor approvinctude the following: copy of student's account summary with proof of tribina and fee cost, course grade and proof of payment for completed occurs. Mail: Rax or remail from and required document of the cost, course grade and proof of JND Benefits Service Center   1101 East 39* Street, Suite D200   Baltimore, MD 21218   443-997-5820 (Fax)   benefits strictly and strictly anaments and strictly and strictly and strictly and strictly and st								
include the following: copy of student's account summary with proof of fultion and fee cost, course grade and proof of payment for completed course. Mail; Rox, or remail form and required documentation to:  JRU Benefits Service Center   1101 Eart 33° Street, Suite D200   Battimore, ND 21218   443-997-5820 (Fax)   benefits@ihu.edu  ELIGBILITY: Eull-lime Faculty and Staff having completed 120 consecutive days or more of full-lime service. The waiting period can be waited if the supervisor or department head approves the course as a requirement for the job.  "Graduate courses are only offered to employees in outlying areas (beyond the Manyland/Washington DC metro area).  PAYMENT ALLOWANCES: The Tuition Relmbursement Plan applies to courses taken for academic credit only of an accredited, degree-granting college/university, outside Johns Hopkins University, Relmbursements for part-lime studies only (11 credits or less). Application will be approved within 12 months of course completion no exceptions! Proof of payment and an official sess, Application will be approved within 12 months of course completion no exceptions! Proof of payment and an official sess, haplication will be made directly via poyroll. Relmbursements submitted as a gradel polity credit closures or reimburse. Relmbursements will be made directly via poyroll. Relmbursements submitted after December 5°n will count against the maximum allowance for the following year with no exceptional baccached as a gradel polity acredit closures.  AGREEMENT: I hereby certify that I have read the Tuition Relmbursement policy. All information I have provided here is accurate those been benefits eligible for 120 consecutive days (unless this policy has been waived by my supervisor for job-related coursework) and confinue in a full-lime position, and confinue in a full-lime position, and confinue in a full-lime position, or 2) relates the form of the courses indicated and confinues in a full-lime position, or 2) released from work for the course indicated if they were	•	· · · · · · · · · · · · · · · · · · ·						
can be walved if the supervisor or department head approves the course as a requirement for the job.  "Graduate courses are only offered to employees in outlying areas (beyond the Maryland/Washington DC metro area).  PAYMENT ALLOWANCES: The Tuition Reimbursement Plan applies to courses taken for academic credit only at an accredited, degree-granting college/university, outside Johns Hopkins University, Reimbursement is for part-time studies only (11 credits or less). Application will be approved within 12 months of course completion no exceptions! Proof of payment and an official grade of "C" or better are required; Pass/Fail/Salisfactory cannot be accepted as a grade! Only credit classes are reimbursements will be made directly via poyroll. Reimbursement submitted after December 5th will count against the maximum allowance for the following year with no exceptions.  AGREMENT: I hereby certify that I have read the Tuition Reimbursement policy. All information I have provided here is accurated in 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 mistatement on this application represents grounds for exclusion from reimbursement plan participation and/or termination.  art I: Employee's Information (please print)  [Email address]  [Course Type]  [	include the follow payment for com	ving: copy of student apleted course. Mail,	's account summary with p fax, or email form and requ	roof of tuition uired docume	and fee cost, co ntation to:	urse grade	and proof of	
degree-granfing college/university, outside Johns Hopkins University. Reimbursement is for part-lime studies only (1) transits or course completion will be approved within 12 months of course completion-no exceptions Proof of payment and an official grade of "C" or better are required: Pass/Enil/Salfsactory cannot be accepted as a gradel (John/ credit classes are reimburse- Reimbursements will be made directly via payroll. Reimbursements submitted after December 5th will count against the  maximum allowance for the following year with no exceptions.  AGREMENT: I hereby certify that I have read the Tuition Reimbursement policy. All information I have provided here is accurated that the provided here is accurated to a consequent of the provided here is accurated that the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated to a consequent of the provided here is accurated by a supervisor for job related to a consequent of the provided here is accurated by a consequent of the provided here is accurated by a consequent of the provided here is accurated by a supervisor of provided here is accurated by a consequent of the provided here is accurated by a consequent of the provided here is accurated by a consequent of the provided here is accurated by a consequent of the provided here is accurated by a consequent of the provided here is accurated by a consequent of the provided here is accurated by a consequent of the provided here is accurated by a consequent of the provided here is accurated by	can be waived if	the supervisor or dep	partment head approves th	ne course as a	requirement for t	he job.	<b>.</b>	
Those 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.  art I: Employee's Information (please print)  Last) (First) (Middle Initial) (Personnel #) (SSN "Required)  Home Address) (Work Phone) (Home Phone)  acculty's or Staff Member's Signature:	degree-granting less). Application grade of "C" or b Reimbursements	college/university, ou will be approved wit better are required; <u>Po</u> will be made directly	utside Johns Hopkins Univers thin 12 months of course co ass/Fail/Satisfactory canno v via payroll. <b>Reimbursemen</b>	sity. Reimburse mpletion-no e t be accepted	ement is for part-ti exceptions! Proof of das a grade! Onl	me studies of paymen <u>y credit clo</u>	only (11 credits or t and an official <u>sses are reimbursed</u> .	
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(Work Phone)   (Home Phone)	art I: Employe	e's Information	ı (please print)					
(Email address)    Course   Course Title   Credit   Course Type   Tuition Cost	Last)	(First) (Middle Initial)		(Personnel #)		(SSN *Required)		
Part III: Supervisory Approval:   hereby confirm the above employee was: 1) eligible for this program at the start date or the courses indicated and continues in a full-time position, or 2) released from work for the courses indicated and continues in a full-time position, or 2) released from work for the courses indicated if they were flered during work hours, and/or 3) granted a waiver of the 120-day consecutive full-time employment restriction for required ourses.    Date:	Home Address)			(Work Phone)		(Home Phone)		
Part III: College and Course Information (Please Print – All Sections Must Be Completed)  Course   Course Title   Credit   Course Type   Tuition Cost (Exclude fees)  Part III: Supervisory Approval: I hereby confirm the above employee was: 1) eligible for this program at the start date or the courses indicated and continues in a full-time position, or 2) released from work for the courses indicated if they were flered during work hours, and/or 3) granted a waiver of the 120-day consecutive full-time employment restriction for required ourses.  UNDER OFFICE USE ONLY				(Emai	l address)			
Course Number  Course Title  Course Type (Grad or Undergrad)  Part III: Supervisory Approval: I hereby confirm the above employee was: 1) eligible for this program at the start date or the courses indicated and continues in a full-time position, or 2) released from work for the courses indicated if they were fiftered during work hours, and/or 3) granted a waiver of the 120-day consecutive full-time employment restriction for required ourses.  Upervisor's or Department Head's Signature:  Date:	aculty's or Staff Me	mber's Signature:				Date:		
Course Number  Course Title  Course Title  Course Type (Grad or Undergrad)  Part III: Supervisory Approval: I hereby confirm the above employee was: 1) eligible for this program at the start date or the courses indicated and continues in a full-time position, or 2) released from work for the courses indicated if they were ffered during work hours, and/or 3) granted a waiver of the 120-day consecutive full-time employment restriction for required ourses.  upervisor's or Department Head's Signature:						Be Com	pleted)	
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