

TUITION REIMBURSEMENT APPLICATION

Please complete this form IN ADVANCE OF REGISTRATION and send it to Human Resources. This application is for Continuing Administrative and Professional staff (see Policy AD10.10) and Continuing Excluded Staff (see Policy AD9.09)

Section A: Employee Information

SFU ID#	<input style="width: 95%;" type="text"/>	APSA <input type="checkbox"/>	Excluded <input type="checkbox"/>	Date	<input style="width: 90%;" type="text"/>
Employment Type	<input type="checkbox"/> Continuing Full-Time	<input type="checkbox"/> Continuing Part-Time	(Biweekly hours <input style="width: 50px;" type="text"/>)		
Employee Name	<input style="width: 95%;" type="text"/>				
	<i>Last</i>	<i>First</i>	<i>Initial</i>		
Department	<input style="width: 400px;" type="text"/>	Email	<input style="width: 150px;" type="text"/>	Local	<input style="width: 50px;" type="text"/>

Section B: Course Information

Course Title <input style="width: 95%;" type="text"/>					
Cost \$	<input style="width: 100px;" type="text"/>	Course Duration:	From <input style="width: 30px;" type="text"/>	To <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<i>Maximum reimbursement of \$1000 in any calendar year</i>					
Name of Institution <input style="width: 400px;" type="text"/>			Location <input style="width: 200px;" type="text"/>		
Course Hours Conflict With Work Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Course Is Job Related? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Please attach copy of Professional Development Plan.</i>					

Section C: Reimbursement Approval

Supervisor					
Name <input style="width: 300px;" type="text"/>		Signature <input style="width: 200px;" type="text"/>		<input style="width: 30px;" type="text"/>	
<i>Please Print</i>					
Human Resources					
Name <input style="width: 300px;" type="text"/>		Signature <input style="width: 200px;" type="text"/>		<input style="width: 30px;" type="text"/>	
<i>Please Print</i>					

Section D: Reimbursement Approval (This section to be filled out by Human Resources)

Amount \$	<input style="width: 100px;" type="text"/>	Account	7042-11-9760-93210
Approved by			
Name <input style="width: 300px;" type="text"/>		Signature <input style="width: 200px;" type="text"/>	
<i>Please Print</i>			

Tuition Reimbursement Application Collection of Personal Information

The information on this form is collected under the authority of the University Act (R.S.B.C. 1996, C.468, S.27(4)(a)) and Policy AD10.10. The information is related directly to and needed by the University to process tuition reimbursement applications. The information will be used to issue tuition reimbursement to staff for courses successfully completed. If you have any questions about the collection and use of this information, please contact the Learning and Development Coordinator, Human Resources, Simon Fraser University, telephone 778-782-4766.

Simon Fraser University
Professional Development Plan
Administrative and Professional Employees

Name: _____ Date: _____

Position Title: _____ Local: _____ Email: _____

Development Goals:

(Enhancing a skill area where you currently have strengths or acquiring new skills)

Learning Strategies to reach goals:

(Formal learning such as credit courses at SFU or other institutions; non-credit workshops; staff development workshops offered through Human Resources; professional association meetings; individualized learning (on-line courses, books, videos) etc.

Proposed Time Frame:

Employee signature

Signature/Title of Supervisor