

**EDUCATIONAL REIMBURSEMENT  
PROGRAM APPLICATION**



Complete this form and forward it to the Human Resources Office. Attach a copy of your approved Career Development Plan, registration receipt & grades to be reimbursed. ***This form must be received in Human Resources no later than June 15th of each fiscal year.*** (For more information please see instructions)

Employee Name			Banner ID		
Department					
Institution or Organization Attending					
Location of Institution or Organization					
Course Title			Attendance Dates		
Course Title			Attendance Dates		
Course Title			Attendance Dates		
Estimated Tuition		Estimated Manadatory Fees		Estimated Total	
I certify that I have been a regular full time employee as defined by College Policy for at least three consecutive years prior to the first day of class, and that the class (es) I am enrolling in is/are not offered by Salt Lake Community College. I understand that any false or misleading certification will nullify this application.					
Employee Signature			Date		
<b>To be completed by the Employee's Division or Department Head</b>					
I certify that the above named individual has been a regular full time employee as defined by College Policy for at least three consecutive years prior to the first day of class, and that the class (es) is/are not offered by Salt Lake Community College. I have reviewed and approved the employee's Career Development Plan.					
Explanation of modified schedule if appropriate					
Signature			Date		
<b>For HR Use Only</b>					
Development Plan		Registration Receipt		Grades	
Amount Reimbursed \$		Divide by 0.9235 =	\$	Gross Pay	
Processed by				Date	
Benefits Manager Signature				Date	