



Tuition Reimbursement Pre-Approval Form

- For undergraduate and graduate degree program pre-approval, complete sections: 1, 2, 4, 5
- For business related course pre-approval, complete sections: 1, 3, 4, 5

1. Employee Information

Employee Name:
 (please print) (First name) (Middle name) (Last name)

Employee Number (4 digit): Full Time Part Time **Hours/Week Worked:**

Site Location: **Telephone Number: Work:** ()

Home: ()

Department Name: **Cost Center Number:**

Position Title: **Site Location:**

2. Degree Information

Type of Degree: Associate Undergraduate Graduate

Major: **School Name:**

Program Start Date: **Anticipated Graduation Date:**

- A list of required and elective courses from the school catalog must be attached to this form for approval.
- Once a degree program has been approved using this form, you are required to only submit a “Tuition Reimbursement Request Form” for degree programs completed.
- If you change schools and/or your major, a new “Tuition Reimbursement Pre-Approval Form” must be completed and approved.

3. Business Related Course

Course Name: _____

School/Institution Name: _____

Tuition Cost: _____ **Course Start Date:** _____ **Course End Date:** _____ **Number of Credit Hours:** _____

- A description of the course from the school catalog must be attached to this form for approval.
- Provide a brief description below, as to how this course will improve your skills on-the-job and how it relates to eFunds business.



4. Employee Approval

- I understand that I must maintain a “meets expectations” or higher performance rating while completing this course or degree program.
- I understand that I must report any other types of reimbursement that I am receiving for this course or degree program (e.g., scholarships, grants, GI Bills, tuition waivers, or fellowships, etc.).
- I understand that making false statements on this application or in a tuition reimbursement request is prohibited.
- If I voluntarily resign or am terminated for any reason except disability or except under circumstances under which I would be entitled to receive benefits under the company severance policy, I understand and agree that I am responsible for repayment to eFunds of the gross amount of all tuition reimbursements paid by eFunds in the 12-month period prior to the date of resignation or termination.

I have reviewed the terms and conditions of the Tuition Reimbursement Program, including those set forth specifically above, and I agree to the terms and conditions of the program. I also certify that the information contained in this Pre-Approval Form is accurate and correct.

Employee’s Signature: _____ **Date:** _____

5. Manager Approval

- I have discussed with the employee the applicability of this degree program or business related course to the employee’s work at eFunds and the employee’s professional development.
- This employee’s performance level is at a “meets expectations” or higher performance level.

Manager’s Name: _____ **Phone:** ()
(print please)

Manager’s Signature: _____ **Date:** _____

6. Tuition Reimbursement Program Administrator Approval

I certify that the courses for which tuition reimbursement will be sought meet the requirements of the eFunds Tuition Reimbursement Program.

Administrator’s Name: Beth Nicoll-Moore **Phone Number:** (480) 629-7765

Administrator’s Signature: _____ **Date:** _____

7. Forward Form *(Minimum of 2 weeks prior to start of degree program or business related course).*

Here are three options:

1. **Mail form to:** eFunds Corporation; Attn: Tuition Reimbursement; 8501 N. Scottsdale Rd., Suite 300; Scottsdale, AZ 85253
2. **Interoffice form to:** Tuition Reimbursement – Scottsdale
3. **Fax form to:** Tuition Reimbursement, 480-629-7606

cc: Administrator

cc: Employee