

## Tuition Reimbursement Request Form

### Student Information

Last Name	First Name	Status: ___ Full-time ___ Part-time	If part-time, hours worked per week _____
If Remote associate, please give full address:		Telephone Numbers: Home _____ Work _____	
Employee Number:	Cost Center Number:	Site Location:	

### School/Course Information

School Name	Course Start Date	Course End Date	Number of Credit Hours
Course Title		Course Grade	
Course Type	Reimbursement Amount Undergraduate/Other Courses	Reimbursement Amount Graduate (Masters Program)	
Tuition (attach paid receipt)	\$ _____	\$ _____	
Books (attach paid receipt)	\$ _____	\$ _____	
Total	\$ _____	\$ _____	
(Subtract) Scholarship, Grant, GI Bill, Fellowship, Etc.	\$ _____	\$ _____	
Total to be Reimbursed	\$ _____	\$ _____	

Please sign this form and obtain your manager's signature before returning it with the proper receipts attached to Tuition Reimbursement – Scottsdale via interoffice mail or to eFunds, Attention Tuition Reimbursement, 8501 N. Scottsdale Rd., Gainey Suites II, Suite 300, Scottsdale, AZ 85253. Forms and receipts may also be faxed to 480-629-7606. All paperwork must be submitted within 30 days of the completion of the course.

I understand that once payment under the eFunds Tuition Reimbursement Program has been disbursed, the payment for the course may be treated under the Internal Revenue Code as supplemental wages; the gross reimbursement will be added to my W-2 wages. I have attached proof of course completion and paid receipts to this form.

**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 the gross amount of all tuition reimbursements paid by eFunds in the 12-month period prior to the date of resignation or termination.**

Employee Signature	Date
Manager Name (please print):	___ "Meets Expectations" or higher performance level (must be checked)
Manager Signature:	Date
Administrator Signature	Date

### HR/Payroll Use Only

Earning Type:	Gross Reimbursement	\$ _____
Cost Center:	Less: Other Assistance	\$ _____
Pay Period Ending:	FICA _____ %	\$ _____
	Federal _____ %	\$ _____
Account:	State: _____ %	\$ _____
	Net Reimbursement: _____	\$ _____