TUITION REIMBURSEMENT APPLICATION FOR UNCLASSIFIED (AFT) & MANAGERIAL EMPLOYEES

Employee’s Name ________________________________  Employee’s ID# ________

Department ________________________________  Extension ________

Location ________________________________  Email ____________________________@kean.edu

Indicate the accredited institution you plan to attend.  ________________________________

Select the category that pertains to you.

☐ Unclassified Employee (AFT)  ☐ Managerial Employee

Select your degree program and provide the title.

☐ Undergraduate Degree  Title of Degree Program ________________________________

☐ Graduate Degree  Title of Degree Program ________________________________

Select the term for which you are seeking tuition reimbursement and indicate the year.

☐ Fall Semester ______  ☐ Spring Semester ______

☐ Summer Session I ______  ☐ Summer Session II ______

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<tr>
<th>Course(s)</th>
<th>Credit(s)</th>
<th>Course Schedule(s)</th>
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My signature confirms that I have read, do fully understand and agree to adhere to the conditions for Tuition Reimbursement that are outlined within the Tuition Reimbursement Policy for Unclassified and Managerial Employees.

Employee’s Signature ________________________________  Date Signed ________

The signatures of the Supervisor and Department Head confirm that there is no conflict between the course schedule(s) listed above and the employee’s normal work hours. Accordingly, they are recommending tuition reimbursement be granted.

Supervisor’s Signature ________________________________  Date Signed ________

Department Head’s Signature ________________________________  Date Signed ________

Recommendation of Human Resources Director ________________________________

☐ Approved  Signature of Chief Financial Officer ________________________________

☐ Disapproved

COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE OFFICE OF HUMAN RESOURCES, 2ND FLOOR – ADMINISTRATION BUILDING