



IBEW - Educational Assistance Per Article XI Reimbursement Request

EMPLOYEE INFORMATION (please type or print all information)

Employee's Name	Employee ID#	Date of Hire:
Job Title	Department/Location	Phone Extension

COURSE INFORMATION

NAME OF EDUCATIONAL INSTITUTION: _____			
TERM: Year _____		Pass	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuition Costs	Course Title	Day/Class Hours	Credit Hours
Fees	Explanation		
Books	Explanation		
Less Other Aid	Source of Grant or Scholarship		
Total	General Ledger Number	Cost Center	

EMPLOYEE CERTIFICATION

* I have attached receipts for the cost of tuition and applicable fees, and proof of satisfactory completion of approved course(s).
* I have provided complete and accurate information on this reimbursement request.

<u>Employee Signature</u>	<u>Date</u>

HR/LABOR RELATIONS APPROVAL

By signing below, I certify that the courses indicated above comply with the IBEW Collective Bargaining Agreement Educational Assistance eligibility criteria. (Reimbursement year - no more than \$5,000 from April 1 to March 31).

<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	Reimbursement is:	
Reason for disapproval:	() Taxable	
	() Non-Taxable	
	Review total for 01/01 to 12/31 - if over \$5,250 need tax waiver.	

I have reviewed the supporting documentation and recommend reimbursement.

<u>Human Resources Signature</u>	<u>Date</u>