

Roger Williams University and Roger Williams University School of Law

TUITION REIMBURSEMENT APPLICATION

ELIGIBILITY

Pursuant to the Tuition Benefits Policy ("Policy"), following six (6) months of continuous employment, employees employed in full-time permanent positions may request tuition contribution from Roger Williams University or Roger Williams University School of Law (collectively "University") in order to attend another institution of higher education on the basis both that the course of study leading to a degree will directly benefit the University and that the course of study is not offered by the University.

This program is limited to a maximum of six (6) credit hours per semester. The dollar value for reimbursement and/or any graduate remission is limited to the IRS non-taxable threshold (currently \$5,250) per calendar year. Please refer to Tax Information Regarding Tuition Benefits located on HR's website.

Prior to any reimbursement for tuition paid by the recipient in accordance with the Policy, proof both of at least a passing grade and of actual payment by the recipient is necessary and in a form reasonably required by the University. There will be no reimbursement for any course in which a failing grade is achieved.

INSTRUCTIONS

1. Complete all areas applicable in the Application for Tuition Reimbursement ("Application") below accompanied by a detailed recommendation with the Divisional Vice President's approval.
2. The Application must be submitted for approval to the Divisional Vice President concurrently with the course description prior to the start of each semester.
3. The original Application will be maintained in the Department of Human Resources and reimbursement will be processed once proof of passing grade and receipt of actual payment is submitted.

APPLICATION FOR TUITION REIMBURSEMENT (Please Print)

Name of Employee: _____ Date of Hire: ___/___/___

Name & Address of College/University: _____

(List each course separately below)

1. Course Title: _____ # of Credits: _____ Tuition Cost: \$ _____

Date of Course: ___/___/___ to ___/___/___ Time of the Day: ___:___ to ___:___ Day of Week: _____

2. Course Title: _____ # of Credits: _____ Tuition Cost: \$ _____

Date of Course: ___/___/___ to ___/___/___ Time of the Day: ___:___ to ___:___ Day of Week: _____

3. Course Title: _____ # of Credits: _____ Tuition Cost: \$ _____

Date of Course: ___/___/___ to ___/___/___ Time of the Day: ___:___ to ___:___ Day of Week: _____

I hereby certify that I have read and understand the Policy and Tax Information Regarding Tuition Benefits, that I meet the eligibility requirements in this Application, and that the information provided herein is true and accurate. I understand that (i) should I fail to fully complete the authorized course of study, pursuant to the standards set by the enrolling institution or the University, all monies paid by the University shall be repaid to the University by me within three (3) months from the date I am no longer actively enrolled, and (ii) should I voluntarily leave the University before five (5) years have lapsed following proper, approved completion of the authorized course of study, I will repay the University the amounts applicable under Provisions B(2)(a)-(c) of the Policy. I further understand that any monies paid by the University hereunder are advances against my future earnings, and I hereby authorize the University, pursuant to R.I.G.L. § 28-14-10 and § 28-14-24(b), to deduct from my due and owing salary and/or vacation accrual to recover any monies which I am required to repay the University pursuant to the Policy.

Employee Signature: _____ Date: ___/___/___

Department/School: _____ Extension: _____

UNIVERSITY AUTHORIZATIONS

Divisional Vice President: _____ Date: ___/___/___

Human Resources: _____ Date: ___/___/___