

**University of Connecticut Health Center
Employee Tuition/Conference Fee Reimbursement Request
for University Health Professionals and Managerial/Confidential Employees**

Part I. EMPLOYEE'S INFORMATION:

Employee Name _____ E-Mail Address _____
 Percentage Employed _____ Employee SSN # _____
 Employee Job Title _____ Home Phone # _____
 Department & Mailcode _____ Work Phone # _____

Bargaining Unit: UHP or Managerial/Confidential Exclusion

Applying For: Tuition Reimbursement (Skip Part III)
 Conference Reimbursement (Skip Part II)

FOR HR USE ONLY:

Part II. COURSE INFORMATION Year _____ / Semester: Fall____ Spring____ Summer____

Note: Reimbursement is limited to 6 credits per semester, up to a total of 12 credits per fiscal year.

Institution Offering Course: _____	Course Level:	Student Status:
1 st Course Name & Section #: _____	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Matriculated
2 nd Course Name & Section #: _____	<input type="checkbox"/> Graduate	<input type="checkbox"/> Non-Degree
Total Credit Hours: _____	<input type="checkbox"/> MBA/Law	
Cost Per Credit Hour: _____	<input type="checkbox"/> Executive MBA	
Total Cost: _____	<input type="checkbox"/> Other	
Class Dates: _____		
Begin		End

Applications must be submitted to Human Resources (MC 4035) at least one week prior to the beginning of classes.
 UHP Tuition Reimbursement is awarded on a first come, first serve basis. Applications will be placed on a wait list once all funds have been reserved.

Part III. CONFERENCE INFORMATION Fiscal Year _____

Note: UHP Conference Reimbursement is limited to \$450 per fiscal year.

Institution Offering Conference: _____
 Institution Address: _____
 Conference Title: _____
 Conference Cost: _____
 Conference Dates: _____

Applications must be submitted to Human Resources (MC 4035) at least two weeks prior to the conference date.
 UHP Conference Reimbursement is awarded on a first come, first serve basis. Applications will be placed on a wait list once all funds have been reserved.

Part IV. CERTIFICATION BY EMPLOYEE

Are the course(s) job-related*: _____ YES _____ NO (Under Internal Revenue Code, may be taxable for grad courses)

*Job-Related Tests: If the two part job-related test is satisfied and documented, graduate level courses taken by employees qualify for exclusion from income. Acceptable documentation would include the employee's supervisor signing section V stating that s/he agrees with the employee's certification that the course is job-related.

The job-related tests are not satisfied unless BOTH of the following tests are met.

FIRST, the educational assistance MUST MEET ONE of the following requirements:

- a. The education must maintain or improve skills required by the employee in his/her job.
b. The education must meet the express requirements of the University imposed as a condition of retaining the job. Please note, the requirement must have a bona fide business purpose, and only the minimum education necessary for retention of employment, status or salary may be considered as undertaken to meet the employer's requirement.

SECOND, the educational assistance MUST MEET BOTH of the following requirements:

- a. The education cannot constitute a minimum educational requirement to qualify for obtaining employment.
b. The education cannot lead to qualifying the individual for a new trade or business. Please note, a change in duties does not constitute a new trade or business if the new duties involve the same general work as is involved in the employee's present work.

If YES is selected, explain briefly:

Blank lines for explanation.

Part V. CERTIFICATION BY SUPERVISOR (The supervisor signing off must be from the first level outside of the bargaining unit.)

My signature below indicates that I agree with the employee's representation of whether or not the course is job related as indicated above (please check one) [] Yes or [] No

Supervisor's Name _____ Supervisor's Title _____

Supervisor's Signature _____ Date _____

Part VI. CERTIFICATION BY THE DEPARTMENT OF HUMAN RESOURCES

Your application has been:

- [] Denied [] Wait-Listed [] Tentatively Approved (see below)

[] Tuition Reimbursement:

Per Credit Cost x # of Credits = Total Cost x FTE = Reimbursement Amount

[] Tuition Reimbursement - UHP employees not taking courses at UCONN (Per credit cost is based on lower rate):

Per Credit Cost x # of Credits = Total Cost x FTE x 75% = Reimbursement Amount

[] Conference Reimbursement:

Reimbursement Amount

Credits previously used for this fiscal year: Summer _____ Fall _____

Final Reimbursement is contingent upon timely submission of the following:

TUITION REIMBURSEMENT

- [] College grade report showing a passing grade; and
[] College receipt separating out the tuition cost marked PAID

CONFERENCE REIMBURSEMENT

- [] Conference Registration; and
[] Proof of Attendance; and
[] Proof of Payment

Deadline: 30 days after course ends or by June 1st for Spring courses

Signature _____

Date _____

Human Resources Representative

DIRECT QUESTIONS & COMPLETED FORMS TO:

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MC 4035
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