

WPI REQUEST FOR EMPLOYEE OFF-CAMPUS EDUCATIONAL ASSISTANCE

Employee Name (Please Print)

WPI ID #

Department

Supervisor's name (please print)

I am going to enroll in the following program of study:

Course*: _____
A course description for the above named course must be attached.

College/University: _____

Dates: _____

Estimated tuition cost for this course: \$ _____
Total

Eligibility for the Employee tuition benefit as outlined in WPI's Policy and Benefits Manual states that the employee must be in a benefits eligible position and have worked a minimum of six (6) months of continuous service on or before the first day of the academic term.

WPI will reimburse for courses that are job related or part of a job related degree program. A course would be considered job related if it meets one of the following criteria:

- 1) Maintains or improves skills required by the individual in his/her employment or other trade or business, or**
- 2) Meets the express requirements of the individual's employer or the requirement of an applicable law or regulation, imposed as a condition of employment.**

As noted by both my signature and my supervisor's signature below, we have reviewed and determined that I have met the eligibility requirements and the course noted above is considered job related.

Employee Signature

Date

Supervisor's Signature

Date

I understand that I will be reimbursed up to \$2,000 per Fiscal Year under WPI's Off-Campus Education Assistance Program 75% of the tuition and mandatory academic fee expense. I also understand that payment/reimbursement will be made directly to myself provided I am still employed at the end of the semester for which I was enrolled and upon proof of successful completion of each unit, credit, or semester (a copy of the grade report and itemized receipt must be submitted to Talent and Inclusion for payment/reimbursement).

Employee Signature

Date

Talent & Inclusion Approval

Date

Please do not enroll in class until you have received Human Resources approval. Failure to obtain HR approval may result in non-reimbursement of benefit

For T&I use only: DOH _____ Approval sent _____ Database _____