

**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 Benefit Manual states that the employee must have worked a minimum of 1,450 hours per year or more for the three (3) years of continuous service on or before September 15<sup>th</sup> (for the fall term) or on or before January 15<sup>th</sup> (for the spring term) of the year the employee will begin classes.

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 Human Resources for payment/reimbursement).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources 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  
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For HR use only: DOH \_\_\_\_\_ Approval sent \_\_\_\_\_ Database \_\_\_\_\_