

UNIVERSITY OF VIRGINIA -- UHR TUITION ASSISTANCE FORM

INSTRUCTIONS

Complete one form for each course. You must submit and receive approval for the course before course registration. Read the Tuition Assistance Policy for complete rules and procedures. Submit the completed form to UVA UHR Employee Career Services at 914 Emmet St., Charlottesville, VA 22904-4127 or Messenger Mail Box 400127. To view the Tuition Assistance Policy go to www.hrs.virginia.edu/career (select education benefits). If you have questions email employeeecareerservices@virginia.edu or call 434.924.4343.

PLEASE PRINT ALL INFORMATION

SECTION I: EMPLOYEE AND COURSE INFORMATION

Employee Name: _____ SS# _____ - _____ - _____

Department: _____ Email: _____

Messenger Mail: _____ Phone: _____

If salaried, my employment type is: Faculty Classified Staff

My employment status is: Full-time Salaried Part-time Salaried Full-time Wage
if part-time salaried: at least 20 hrs/week 50% effort or more

My date of hire is: (mm-dd-yy): ____ - ____ - ____

(Full-time salaried faculty and classified staff must have 90 days of continuous salaried service. Full-time wage employees must have 90 days of continuous service with no more than one, 30 day break in service. Part-time salaried faculty and classified staff must have 6 months of continuous salaried service. The period of service is measured from date of hire to first day of the course.)

(If classified) My job role is: _____ My pay band is: _____

Request is hereby made for Tuition Assistance for the following:

A) Full Course title and number: _____

B) Institution offering course: _____

C) Session: Spring ____ Summer ____ Fall ____ Other ____

D) Inclusive dates of course: _____ to _____

E) Total course credit hours: _____

F) Hours per week required away from work: _____

Select one, if applicable: Option A ___ Option B: ___

(Part-time classified staff and full-time wage employees must take courses outside of working hours. If you are a full-time classified staff employee and your course requires more than 3 semester credit hours during working hours, select one of these options: **Option A:** Adjust your schedule/take leave so that no more than 3 semester credit hours are taken during working hours. **Option B:** Attend the course at half-salary and execute a promissory note for salary and tuition. Read the Educational Leave with Partial Pay Policy for more information.)

G) Tuition Cost: _____ H) Is this In-State Tuition? Yes ____ No ____

I, the employee, acknowledge indebtedness to the University in the amount of the tuition cost (Item G, above) granted by the University. It is my intention to complete my course of study satisfactorily while remaining an eligible employee of the University. I agree to provide evidence of satisfactory completion when I finish each course for which I have received tuition assistance. I further agree to reimburse the University for the full amount of tuition assistance provided in the event that I do not satisfactorily complete the course, or if I drop or withdraw from the course or cease to be an eligible University employee while enrolled in the course. My signature on this form constitutes my written authorization for the University to deduct through payroll withholding any amounts owing and due to the University that remain unpaid 30 days after unsatisfactory completion, withdrawal, or other breach of the terms of this agreement.

Employee Signature

Date

SECTION II: DEPARTMENTAL ENDORSEMENT

I) Will this course maintain or improve the employee’s skills in his/her current position?

Yes ___ No ___

J) Is this course part of a job-related curriculum, degree program or professional certificate or licensure program or (if classified) support the Employee Development Plan? Yes ___ No ___

K) Is this employee a full-time or part-time salaried faculty or classified staff employee, or a full-time wage employee? (Note: Part-time is defined as at least 20 hours per week or 50% effort excluding students.) Yes ___ No ___

L) Please explain how this course relates to the employee’s current position:

M) The account code that will be charge for this educational aid is:

Funds are available in the indicated account code for the above requested tuition assistance. This tuition assistance request is made in accordance with the guidelines in the current Tuition Assistance Policy.

Department Head Signature

Date

Department Head Name (Print)

If you wish the approved/disapproved form to be returned to someone OTHER than the employee, PRINT THE COMPLETE NAME, DEPARTMENT and MESSENGER MAIL ADDRESS BELOW:

Name: _____

Department: _____

Messenger Mail Address: _____

Phone (optional): _____

SECTION III: UHR EMPLOYEE CAREER SERVICES APPROVAL

Based on the information herein provided, this request for tuition assistance is:

Approved / Disapproved.

Director, Employee Career Services

Date

Note: The dollar value of education benefits may be considered taxable income, depending on the total value of the educational benefit. The Payroll Department will track the value of educational benefits for tax purposes.