

Employee Tuition Reimbursement Request for University Health Professional (UHP) Employees

Part I. EMPLOYEE INFORMATION

Employee Name _____ Email Address _____
 Percentage Employed _____ Employee # _____
 Employee Job Title _____ Home Phone _____
 Department and Mail Code _____ Work Phone _____

For HR Use Only:

Part II. COURSE INFORMATION

Year _____ Semester: Fall ___ Spring ___ Summer ___

Institution Offering Course _____

Course Level:

1st Course Name & Section # _____

___ Graduate – complete sections II, III, IV and V

2nd Course Name & Section # _____

___ Undergraduate – complete sections II, III and V

Total Credit Hours _____

___ MBA/Law – complete sections III, IV and V

Cost Per Credit Hour _____

___ Executive MBA – attach signed agreement

Total Cost _____

Student Status:

Class Begin/End Dates _____

___ Matriculated

___ Non-Degree

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 received

Part III. JOB RELATED

In order for reimbursement to be approved, each course must result in increased knowledge and skill. Additionally, there is a reasonable expectation that the UConn Health will benefit from participation in this program (i.e. the course work will be applied to carrying out the mission of UConn Health.)

Are the course/s job-related according to the definition above? ___ YES ___ NO

If No, reimbursement cannot be granted. If YES is selected, explain briefly:

Part IV. TAX REPORTING REQUIREMENTS FOR GRADUATE LEVEL COURSES

Tuition assistance received for graduate level courses may be taxable if the courses exceed \$5,250 per calendar year and are not job-related per the Internal Revenue Code definition below.

Job-Related Test: 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:

- The education must maintain or improve skills required by the employee in his/her job.
- 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:

- The education cannot constitute a minimum educational requirement to qualify for obtaining employment.
- 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:

Part V. CERTIFICATION BY SUPERVISOR – the supervisor signing must be from the first level outside the bargaining unit

I agree with the employee's representation of whether or not the course is job related in both sections above:

Part III – All Courses ____ Yes ____ No Part IV – Graduate Level Courses Only ____ Yes ____ No

Supervisor's Name and Title _____

Supervisor's Signature _____ Date _____

Part VI. CERTIFICATION BY THE DEPARTMENT OF HUMAN RESOURCES

Your application has been: ____ Tentatively Approved – please see below ____ Wait Listed ____ Denied

____ Tuition Reimbursement for UConn Courses:

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

____ Tuition Reimbursement for non-UConn Courses – per credit cost is based on lower rate if UConn's rate is lower:

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

Credits previously used
for this fiscal year

 Spring Fall

Part VIII. REIMBURSEMENT

Final Reimbursement is contingent upon timely submission of the following:

- ____ College grade report showing grade and
- ____ College receipt separating out the tuition cost marked PAID

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

Human Resources Representative Signature _____ Date _____

Submit completed tuition reimbursement request form to: Department of Human Resources Benefits Unit, Fax: 860-679-4660
For Questions: 860-679-2426