

**APPLICATION FOR TUITION REIMBURSEMENT**  
PER-1 rev. 04/2005

**STATE OF CONNECTICUT**  
**Department of Administrative Services**  
**Human Resources Management**

**IMPORTANT! THIS APPLICATION MUST BE SUBMITTED TWO WEEKS PRIOR TO THE BEGINNING OF THE COURSE(S) TO YOUR AGENCY APPROVAL OFFICER.**

**DISTRIBUTION:**

- Agency
- Comptroller Fiscal Policy Division
- Employee

Upon completion of course(s) you must SUBMIT 2 COPIES OF ALL RECEIPTS and PROOF OF PASSING to your AGENCY APPROVAL OFFICER by Feb. 1<sup>st</sup>, fall & summer courses, June 1<sup>st</sup>, spring courses.

NAME (Last) (First) (Middle)		SOCIAL SECURITY NO						<b>IMPORTANT</b> COLLECTIVE BARGAINING UNIT CODE		
HOME MAILING ADDRESS (No. and Street) (City or Town) (State) (Zip)		TITLE		AGENCY NAME				WORK TELEPHONE NO		
WORK ADDRESS (No. and Street) (City/Town) (State) (Zip)		WORK EMAIL ADDRESS								
EDUCATION INSTITUTE (Name)		START			FINISH					
		Mo	Day	Yr	Mo	Day	Yr			
ADDRESS (No. and Street) (City or Town) (State) (Zip)										
<b>COURSE INFORMATION</b>	<b>TITLE AND NUMBER OF COURSES</b>							<b>NUMBER OF CREDITS</b>		
	1.									
	2.									
	3.									
	The above courses are		Graduate <input type="checkbox"/> Course		Undergraduate <input type="checkbox"/> Courses		Job Related? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, see reverse side for note. <b>TOTAL CREDITS</b>	
OBJECTIVE IN TAKING THIS COURSE(S) OR CURRICULUM										
<b>COST IMPORTANT</b>										
Be sure to show the cost of EACH CREDIT as well as the total cost of all credits in applicable spaces at the right. <b>PAYMENT IS SUBJECT TO AVAILABLE FUNDS!</b>		CHARGE PER CREDIT		\$		TOTAL NO. CREDITS		TOTAL CREDIT COST		\$
						X		Service Fee (Community Colleges Only)		\$
								Laboratory Fee		\$
								Other Fees		\$
								Sub Total		\$
								LESS - Financial-Aid Received from Other Sources		\$
						<b>NET COST</b>		\$		
<b>APPLICANT'S CERTIFICATION</b>		I certify that I am familiar with the regulations for tuition-reimbursement and will comply with them. I will notify the Agency Approval Officer if a course is failed or dropped.								
		SIGNED (Applicant)						DATE (Mo., Day, Yr.)		
<b>AGENCY RECOMMENDATION</b>		I have reviewed the tuition guidelines and this application. ("X" appropriate box) I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT recommend this person's participation.								
		IF APPLICATION IS DENIED, STATE REASON AND FORWARD TO THE REVIEW COMMITTEE								
		AGENCY APPROVAL OFFICER (Signature)			DATE		EMAIL		TELEPHONE NO.	
<b>FOR USE IF APPLICATION IS NOT APPROVED</b>		STATE PERSONNEL TUITION REIMBURSEMENT COORDINATOR'S DECISION								
		SIGNATURE						DATE		
<b>FOR AGENCY USE ONLY</b>		AMOUNT TO BE REIMBURSED			DATE RECEIPT AND GRADES SUBMITTED			DATE PAYMENT REQUESTED		
		\$								
<b>FOR OSC USE ONLY</b>		VOUCHER ID:	PREPARED BY:		DATE:	PRIORITY LIST NUMBER:		CHECK NUMBER:		CHECK DATE: