

UNIVERSITY OF WISCONSIN-MADISON

**CLASSIFIED EMPLOYEE REQUEST FOR AUTHORIZATION TO REIMBURSE
EMPLOYEE FOR CAREER-RELATED EDUCATION**

Employee Name _____ Job Title _____

Division _____ Department _____

Department Address _____ Department Phone _____

Non-Represented Classified Staff _____

Represented Classified Staff _____ Bargaining Unit _____

Proposed Course of Study (title and number of course/s) _____

Name of Institution of Higher Education _____

Have you been admitted? _____ Undergraduate _____ Graduate _____ Special _____

Semester Offered _____ Number of Credits _____ \$ _____ Total fees and
Tuition to be
Reimbursed

When is/are the course/s offered? (day/hour) _____

How many hours per week leave without pay are requested? _____

How will this course of study aid you in your current job, or to progress within the bargaining
unit or to move laterally within the University? _____

Employee Signature _____ Date _____

TO BE COMPLETED BY CHAIRPERSON OR SUPERVISOR (Please attach additional sheet if
necessary.)

Fund/Account to be Charged _____ Amt. Reimbursement Committed \$ _____

--Will the course be taken during the employee's normal working hours? If yes, how will
absence be covered?

--Does the proposed education related to the employee's current job assignment/position duties?
If so, how?

--Will the proposed education aid the employee in his/her current job, or to progress within the bargaining unit or to move laterally within the University?

--Has the employee been reimbursed for training before?
Cite dates and study undertaken.

--Must the employee take the course as a required duty of the position?

Sign below only if reimbursement is recommended. If you are denying this request, notify the employee of this action as soon as possible.

SUPERVISOR _____ DATE _____
DEPT. CHAIR _____ DATE _____
DEAN OR DIRECTOR _____ DATE _____
CLASSIFIED PERSONNEL _____ DATE _____

CERTIFICATION COURSE/S SUCCESSFULLY COMPLETED: To be satisfied by

1. Instructor's Signature _____ or
2. Attach a grade report or
3. Attach a letter from the registrar

For Personnel Office Use Only
____ Job Related
____ Career Related

For Accounts Payable Use Only
Fee Instruction Cost _____
Segregated Fee _____

This prior approved form, proof of successful completion of course work, and a receipt for tuition payment, should be attached to a [Direct Payment Form](#) should be submitted to Accounting for reimbursement to the employee.

2/23/2006