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          For Accounts Payable Use Only
_____ Job Related               Fee Instruction Cost _________
_____ Career Related            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