

PRIOR APPROVAL REQUIRED
(Form must be completed and approved by APO prior to the beginning of class)

UW-Madison—Academic Staff & Faculty
Request for Authorization to Reimburse Employee Tuition

It is the policy of the University of Wisconsin-Madison to authorize fee/tuition reimbursement for job-related course work and training to improve an employee’s job performance provided the employee holds a half-time appointment or greater, departmental funds are available, and prior approval is obtained from the Academic Personnel Office (APO) before the course begins. This policy does not apply to employer-required course work or training, course work or training under the faculty or academic staff professional development programs or employer-directed meetings, conferences and workshops, i.e., training which is paid directly by the employer. (*Refer to Unclassified Personnel Policies and Procedures, Chapter 12.07, for additional information.*)

■ TO BE COMPLETED BY EMPLOYEE: (Please print or type)

Employee Name: _____ SS#: _____

Title: _____ Percent Appt: 100% _____ Other _____%

Div/Coll/Sch: _____ Dept: _____

Name of course and course number to be reimbursed: _____
(only one course up to 5 credits is reimbursable)

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

UW-Msn _____ UW-Ext _____ MATC _____ Other _____

Semester offered: _____ Number of credits: _____ Total fee & tuition: _____

What is the relationship between the course you want to take and your present position? _____

Have you been reimbursed for course work or training before?____ Cite dates and course numbers undertaken:

✍ EMPLOYEE SIGNATURE _____ **Date:** _____

Note: In order to be eligible for reimbursement, an employee must maintain at least a 50% academic staff or faculty appointment for the duration of the course work.

(Reverse side to be completed by supervisor/chair/director or dean/director.)

If this course work or training is required by the department, it is not necessary to complete this request. Please refer to Unclassified Personnel Policies and Procedures Chapter 12.07 for procedures for processing Employer-required/directed course work or training.

■ **TO BE COMPLETED BY SUPERVISOR OR CHAIR/DIRECTOR:** (Please print or type)

Do you agree with the information provided by the employee on the front page? _____

If the course will be taken during the employee's normal working hours, how will work hours be made up?

Do you agree with the employee's statement as to how the proposed study/training relates to the current job assignment/position duties? Yes _____ No _____ (If no, please explain.)

How will the proposed study/training improve the performance of the employee in his/her current work unit?

Fund/account to be charged: _____ Dollar amount department commits to reimburse: \$ _____

Course Title and Number: _____
(only one course up to 5 credits is reimbursable)

REQUIRED SIGNATURES:

_____	_____
<i>(supervisor)</i>	<i>(date)</i>
_____	_____
<i>(chair/director)</i>	<i>(date)</i>
_____	_____
<i>(dean/director)</i>	<i>(date)</i>
_____	_____
<i>(APO Personnel Officer)</i>	<i>(date)</i>

Course Number Approved: _____ **Amount Approved:** \$ _____

Following completion of the course, employee must present proof of successful completion to the department with proof of payment of fees for processing. Department forwards Travel Expense Report (TER) form, copy of APO's prior approval and proof of successful completion to Pre-Audit for payment to employee.

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<p>• For Pre-audit Use Only • Fee/Instruction cost: _____ Segregated Fees: _____</p>

<p>• For APO Use Only • <input type="checkbox"/> Employee Training/development (3160) Employee Education (3161) Graduate Level Course Work (3163)</p>
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