

**APPLICATION FOR TUITION REIMBURSEMENT**

**IN ORDER FOR REIMBURSEMENT OF TUITION TO OCCUR, APPLICATION AND APPROVAL FOR REIMBURSEMENT MUST BE MADE PRIOR TO THE TIME OF THE EMPLOYEE'S REGISTRATION FOR CLASSES. OSF TUITION REIMBURSEMENT IS CONSIDERED SECONDARY TO ANY AND ALL OTHER EDUCATIONAL ASSISTANCE MONIES AVAILABLE TO THE APPLICANT.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 County: \_\_\_\_\_

School: \_\_\_\_\_ List Courses: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Program: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Cost of Tuition: \_\_\_\_\_ (Please provide itemized statement from the School)

Other forms of financial assistance received: \_\_\_\_\_

Full Time Employee = 100% (36-40 HRS.)       Part Time Employee = 50% (16-35 HRS.)

\_\_\_\_\_  
 Applicant Signature      Date

Approved    Not Approved      \_\_\_\_\_  
 Manager Signature      Date

Approved    Not Approved      \_\_\_\_\_  
 Vice President      Date

Approved    Not Approved      \_\_\_\_\_  
 Vice President Human Resources      Date

Approved    Not Approved      \_\_\_\_\_  
 President/CEO      Date

**UPON COMPLETION OF YOUR COURSES PLEASE SUBMIT A COPY OF YOUR TRANSCRIPT AND A COPY OF YOUR TUITION PAYMENT FOR REIMBURSEMENT OF THIS TUITION.**

I, \_\_\_\_\_ authorize \_\_\_\_\_ to release information regarding my registration, student status, tuition cost, financial aide status, and payment status to authorized Human Resources Personnel at OSF St. Francis Hospital, for the purpose of determining my eligibility for tuition reimbursement.

\_\_\_\_\_  
 Signature      Date