

**Request for Employee Tuition Assistance – Undergraduate Courses taken at University College
for WU employees enrolled at *Barnes-Jewish College of Nursing*.**

New January 2006: One year of service and passing grade is required to be eligible for tuition benefit. See plan doc. <http://hr.wustl.edu>

Instructions to Employee:

- Complete Sections 1 through 3. Please print or type clearly. **Complete all areas of the form.**
- Retain a completed copy for yourself, and submit original form to Employee Benefits, Campus Box 1190.

The Payment Process: Tuition will be charged to the student's account at B-J College of Nursing. The student must pay BJCN for the amount billed. BJCN will remit payment to WU for the courses taken at WU; this amount is then credited to the student's WU account. The employee benefit is also credited to the student's WU account. These duplicate credits posted to the WU account will create a refund payable to the employee/student.

Eligible Courses: The only B-J College of Nursing program courses that are covered, are those that are actually taken at University College. Courses taken at the College of Nursing are not covered by the WU Employee Tuition Assistance Benefit.

Section 1: Employee Information

Name of employee		Union status (circle one)	Non-Union / Union
Social Security #		Office telephone number	
Employee I.D. #	REQUIRED	Department name and number	
		Name of immediate supervisor	
E-mail Address		Office telephone #of immediate supervisor	
Campus Box #		Employee work schedule (days & times)	

Section 2: Course Information *A current form must be completed each semester, found on the HR website, <http://hr.wustl.edu> Benefits may be provided up to 7 credit hours per semester.*

Semester	Course #1	Course #2	Course #3	Total
Name of course				-----
Course and section number				-----
Number of credit hours				
Cost per credit hour				-----
Total cost this semester				

Section 3: Employee Signature **PLEASE READ CAREFULLY**

I verify that I have read the Employee Tuition Assistance Plan dated 1-1-06 and agree to its terms. If I am found to be ineligible for this benefit, I agree to remit payment for the full amount due. Should I fail to remit payment in a timely manner, I authorize payroll deduction for the amount due.

I understand that I must attain a passing grade in order to retain the tuition benefit I receive for classes. Information regarding students who fail a course will be obtained by Student Records to determine eligibility. I understand that I will be responsible for all associated fees should I decide to drop the course(s) I am enrolling in after the first week of class, or if I do not receive a passing grade. Should I fail to remit payment for dropped or failed classes in a timely manner, I authorize a deduction(s) from my paycheck for the amount due. Please read the plan document located at <http://hr.wustl.edu> for complete details.

Signature of Employee

Date

Questions regarding Tuition Assistance benefits, and/or to obtain current Tuition Assistance request forms, please visit the HR website at <http://hr.wustl.edu>. To determine benefit eligibility, please call Employee Benefits at 935-5759.

Section 4: Employee Benefits Approval

I verify that this employee is a current, full-time employee eligible for benefits.

Signature of Employee Benefits representative

Date

Section 5: Accounts Receivable Summary **FOR ACCOUNTING DEPARTMENT USE ONLY**

	Total	Account to Credit in SIS				
Amount provided by Employee Benefits (100% of total amount per Section 2)		ACAD YR	EBEN TRANS CODE	14 LC	0000 DEPT	7603 BUOB
Date student account credit posted in SIS						

HR: Complete Section 4, and route original to Accounts Receivable, Campus Box 1147. Fax approval to applicable WU School.

A/R: Complete Section 5 and process student account adjustments.