

**Education Benefit Application - Employee**

**Employee Information**

Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Hire Date \_\_\_\_\_ Hours Work Per Week \_\_\_\_\_

**Program (You MUST Select only ONE)**

Tuition Exchange                  Tuition Reimbursement                  Tuition Remission

**Student Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relation to Employee    Self

College/University Name \_\_\_\_\_

Quarter/Semester	Course Title	Course Number	Credit Hours	Tuition Cost

Total Tuition Cost

Total Tuition Fees Cost

Total Reimbursement Requested

I acknowledge by my signature that I have read the Tuition Reimbursement policy and agree to the terms. Furthermore, I certify that I have not claimed other reimbursement for this tuition amount. I understand the taxability of the benefit, and I understand that I must submit proof of successful completion of the course and proof of payment in order to receive reimbursement.

Please explain why this course and/or degree is job related to your current position at Santa Clara University:

1. I understand that the value of my tuition may be considered taxable income based on current IRS regulations.
2. I certify that my child obtaining Undergraduate Education Benefits is claimed as my dependent for income tax purposes
3. I understand that failure to provide truthful information can delay or jeopardize my eligibility in Santa Clara University's Education Benefits.
4. I understand that more documentation may be requested.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

(Supervisor verifies that the above classes are work-related)