

**Tuition Reimbursement
Course Approval Request**

Date: _____

Important Notice: All courses must be pre-approved by **Employee Benefits/Human Resources Department** prior to registering for the class to be eligible for reimbursement. Please allow at least 10 business days for processing.

Employee's Name (Please print)	Department	Supervisor's Name & Mail Code	
Employee's Number	FT/PT Hire Date: MO/DA/YR	Current Job Title	
School		Major	
Course Name (full name) indicate if graduate class-G	Tuition		Course Dates
	\$ per hour	# credit hours	
1.			
2.			
3.			
4.			
5.			

Briefly describe how each course will **improve your present job skills** or **enhance your promotional opportunities**. (This section **must** be completed.)

Are you receiving a **grant or scholarship**, or other money (which you do not have to repay) for the above classes?
Yes: **No:**
 If **yes**, how much? \$ _____

ABX only reimburses employees for out-of-pocket tuition expenses.

After completing the course(s), return this form, **attach a copy of the tuition paid receipt and your grade transcript and return to Employee Benefits for reimbursement.**

The maximum amount of reimbursement for **part-time and full-time is \$2,500 per calendar year, or \$1,250 per calendar year for casual employees.** Reimbursement will be paid at a rate of 100% as long as you receive a grade C or above.

Human Resources use only: Approved Not approved

Reason: _____

Benefits Representative signature: _____ **Date:** _____