



**EDUCATION REIMBURSEMENT
& TUITION ASSISTANCE FORM**

State Form 57438 (R / 6-24)



**Indiana State
Personnel Department**

EMPLOYEE INFORMATION: <i>Employee to complete.</i>	
Name	I am requesting: Education Reimbursement Tuition Assistance
Employee Home Address (<i>number and street</i>)	City, State, ZIP Code
Agency / Department	Work Telephone Number
PeopleSoft ID Number	Email Address

COURSE INFORMATION: <i>Employee to complete all relevant sections; put N/A if not applicable.</i>			
School or Organization Name		Course Start Date (MM/DD/YYYY)	Course End Date (MM/DD/YYYY)
Type of degree/certificate sought			If Applicable <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Course
Course Number	Course Name (<i>Attach a copy of the course description.</i>)	Credit Hours	Tuition Per Credit Hour
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FEES AND ASSISTANCE: <i>Employee to complete all relevant sections; put N/A if not applicable.</i>		
Are you receiving any other form of financial aid or tuition reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Requested Amount (Estimated Tuition Amount – Amount of Assistance):
<i>If yes, provide type of assistance:</i>		
Amount of Assistance \$	Estimated Tuition Amount \$	\$

AGREEMENT: <i>Employee to complete.</i>		
I, the undersigned applicant, have read, understand, and agree to comply with the Education Reimbursement & Tuition Assistance Policy. I understand approval of this application does not entitle the applicant to reimbursement of any payments – the provisions of the Education Reimbursement & Tuition Assistance Policy apply and are incorporated herein.		
Applicant's Signature	Applicant's Printed Name	Date (MM/DD/YYYY)
Supervisor's Signature	Supervisor's Printed Name	Date (MM/DD/YYYY)

Note: Please provide one copy for employee record, one copy for finance, and one copy for employee.

This section will be completed in collaboration with the employee's HR representative and Agency's Appointing Authority or Designee. The Appointing Authority or Designee will notify the Education Reimbursement and Tuition Assistance Program applicant of the initial decision.

EDUCATION REIMBURSEMENT & TUITION ASSISTANCE EMPLOYEE ELIGIBILITY: HR to verify.		
Applicant's Date of Hire (MM/DD/YYYY)	Course Start Date (MM/DD/YYYY)	Disciplinary Actions in Last 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of HR Staff	Printed Name of HR Staff	Date (MM/DD/YYYY)

EDUCATION REIMBURSEMENT & TUITION ASSISTANCE INITIAL DECISION: Appointing Authority or Designee or Finance to complete.		
Approved amount for reimbursement or assistance \$	Contingent Approval Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Date applicant notified of decision (MM/DD/YYYY)
Date applicant notified of decision (MM/DD/YYYY)		
Total Amount Distributed to date in this calendar year (not to exceed \$5,250.00): \$		
Signature of Appointing Authority or Designee	Printed name of Appointing Authority or Designee	Date (MM/DD/YYYY)

FINAL APPROVAL FOR REIMBURSEMENT FOLLOWING COURSE COMPLETION: Appointing Authority, Designee or Finance to complete.		
Applicant's Date of Hire (MM/DD/YYYY)	Course(s) End Date(s) (MM/DD/YYYY)	
Course Completion Information Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade(s) Earned	
Approved amount for reimbursement or assistance \$	Eligible for Reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Date (MM/DD/YYYY)
Total amount distributed this calendar year (not to exceed \$5,250.00) \$		
Signature of Appointing Authority or Designee	Printed name of Appointing Authority or Designee	Date (MM/DD/YYYY)
Signature of Agency Finance Director	Printed name of Finance Director	Date (MM/DD/YYYY)

REIMBURSEMENT PROCESSING INFORMATION: Agency Fiscal Staff to complete.
Reimbursement/ Assistance Distribution Date (MM/DD/YYYY):

Note: Please provide one copy for employee record, one copy for finance, and one copy for employee.