

**American Federation of State, County, and Municipal Employees, AFL-CIO**

1179 Charles Street, North Providence, RI 02904

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**TUITION REIMBURSEMENT APPLICATION**

Employees within a Council 94 bargaining unit may apply to have the cost of tuition and required books reimbursed for approved courses taken at approved accredited colleges, universities, trade schools, or continuing adult education programs. Reimbursements shall not exceed \$600 per semester for a total not to exceed \$1200 per fiscal year/per employee. Courses must be job related or required as part of a job-related degree program and may not be taken during scheduled working hours. The employee must receive at least a Grade C for undergraduate courses and a Grade B for graduate courses. Requests to take courses under this program must be presented in advance to the agency Director’s designee who will either approve or deny the application in accordance with the rules outlined above.

**Instructions:** Submit this application to your Director’s designee before taking a course. Prior approval is necessary. Upon completing the course and receipt of your grades, submit a copy of your grades, receipt for your tuition expense, receipt for books purchased for the course, and a copy of the canceled check to the designee. The receipts and canceled check must be copies front and back. *(This is not an application for Incentive Credit. To obtain Incentive Credit, you must complete a Request for Incentive Credit form in accordance with established guidelines and procedures.)*

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_

Classification: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_

Local: \_\_\_\_\_

State Seniority Date: \_\_\_\_\_

College/School: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Course: \_\_\_\_\_

Graduate:  Undergraduate:

Course Dates Start: \_\_\_\_\_

Completion: \_\_\_\_\_

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

.....  
Supervisor/Administrator’s Recommendation: Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

.....  
Director’s Designee: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_ I certify that this course has been determined to be unrelated to the job but, for the purposes of tuition reimbursement, is related to the degree program as allowed by Article 44 of the Council 94 Master Contract and, therefore, is taxable to the employee.

\_\_\_\_\_ I certify that this course has been determined to be job related; and, therefore, is non-taxable to the employee.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Upon submission, a copy must be faxed to Council 94. Once paid, the agency must send a confirmation letter to Council 94 informing them payment was issued (see form letter).***