



REQUEST FOR CHIMES FOUNDATION TUITION REIMBURSEMENT

PART I - To be completed by the employee requesting reimbursement

TERM: ___FALL (deadline Aug. 1) ___SPRING (deadline Dec. 1) ___SUMMER (deadline Apr. 1)

SUBMIT THE FOLLOWING WITH THIS REQUEST:

- Course Description (from catalog)
- Documentation of Cost per Credit and Required Fees

NAME: _____ SS#: _____

SUBSIDIARY: _____ POSITION: _____ DATE HIRED: _____

NAME OF COLLEGE/UNIVERSITY: _____

DEGREE: _____ MAJOR: _____

HOW MANY CREDITS DOES THIS DEGREE PROGRAM REQUIRE? _____

HOW MANY CREDITS HAVE YOU EARNED TO DATE? _____

WHAT IS YOUR CURRENT OVERALL GPA? _____

COURSE TITLE AND NUMBER: _____

DATE COURSE BEGINS: _____ DATE COURSE ENDS: _____

ACTUAL COST: Cost per credit _____ x No. of credits _____ + Fees _____ = Total

Cost: _____

Should I terminate my employment with Chimes for any reason within two years of the course completion date, I hereby authorize Chimes to collect from me the full amount of tuition reimbursement that I received for that course.

Employee's Signature

Date

EXPLAIN HOW YOUR PARTICIPATION IN THIS COURSE AND/OR PROGRAM SUPPORTS CHIMES STRATEGIC INITIATIVES OR EMERGING PRIORITIES. (ATTACH ADDITIONAL SHEETS IF NEEDED.)

EXPLAIN HOW THIS EDUCATIONAL EXPERIENCE FITS INTO YOUR PLANS FOR THE FUTURE. (ATTACH ADDITIONAL SHEET IF NEEDED.)

PART II - To be completed by Program Director/Dept. Head, COO and Corporate Human Resources.

RECOMMENDED: _____
NOT RECOMMENDED: _____

Program Director/Dept. Head Signature

Date

RECOMMENDED: _____
NOT RECOMMENDED: _____

Chief Operating Officer

Date

APPROVED: _____
NOT APPROVED: _____

Corporate Human Resources

Date

TRANSCRIPTS FROM PAST EDUCATIONAL EXPERIENCES MAY BE REQUIRED.

AMOUNT OF REIMBURSEMENT: Payment will be made at the rate of \$670 per credit up to the rate of \$2010 per course for a maximum of 3 courses per Chimes fiscal year.

To qualify for 100% reimbursement, the course must be completed with the grade of A or B. For undergraduate courses, the grade of C will result in a 70% reimbursement. No reimbursement will be made for grades less than C for undergraduate or B for graduate courses. If the certificate program uses pass/fail grading, a pass will be required for reimbursement.

Cost per credit _____	x number of credits _____	\$ _____
+		
Cost of fees _____		\$ _____
=		
Amount to be reimbursed _____		\$ _____

PART III - To be signed by employee upon completion of course and forwarded to the Director of Benefits within 60 days of completion of the course.

Date course completed

Employee's Signature

Date

SUBMIT THE FOLLOWING WITH THIS REQUEST:

- *Request for Tuition Reimbursement* as approved, with *Part III* completed and signed
- Verification of course enrollment/registration
- Verification of the grade slip for the course
- Verification of Payment for the course

FOR OFFICE USE ONLY:

Amount Approved: _____

Date Paid: _____

Verified By: _____

Date: _____