

RESEARCH FOUNDATION EDUCATION ASSISTANCE PROGRAM

Session for which tuition reimbursement is requested _____ (Year)

Fall _____ Spring _____ Summer _____ Winter _____ Intersession _____

Name _____ Employee # _____ Date _____

Address _____

Telephone # _____ Email _____

College/Location Where Employed _____ Department _____

Project Name (Primary Appt.) _____ Project # _____

Project Name (Secondary Appt.) _____ Project# _____

Principal Investigator/Project Director (s) _____

CUNY College Attending _____ Degree Program _____ Undergrad _____ Graduate _____
 Major _____ Expected Date of Degree _____

This is my first request for tuition reimbursement from the Research Foundation Yes _____ No _____

If the answer is "No", my first request for tuition reimbursement was for courses in the following semester

Fall _____ (Year) Spring _____ (Year) Summer _____ (Year) Winter _____ (Year) Intersession _____ (Year)

I am seeking reimbursement for the following course(s) I intend to register for this semester

Course Title 1. _____ # of credits _____

2. _____ # of credits _____

Reimbursement is available up to 2 courses per academic year for full-time employees and 1 course per academic year for part-time A or part-time B employees.

I am a full-time/part-time A employee of the Research Foundation and have been employed continuously (without a break in service of more than 30 days) for at least one year; or I am a part-time B employee of the Research Foundation and have been employed continuously (without a break in service of more than 30 days) for at least two years.

Signature _____ Date _____

I am the Principal Investigator/Project Director for the applicant and confirm that the course(s) for which tuition reimbursement is being sought will not interfere with the employee's work schedule.

Signature _____ Date _____

For job related courses I am the Principal Investigator/Project Director for the applicant and confirm that the course(s) for which tuition reimbursement is being sought is job related.

Signature _____ Date _____

For Office Use Only

I have reviewed the above and have determined that the employee currently is in eligible employment status under the terms of the Research Foundation Education Assistance Program.

Approved _____
 Office of Human Resources _____ Date _____

None of the benefits or policies stated herein are intended to be contractual in nature. They do not confer any right or privilege, but are informational only. The Research Foundation retains the absolute right to amend or terminate any benefits or policy at any time. This benefit is applicable to all employees of RFCUNY, except those employees whose benefits and terms and conditions of employment are determined by collective bargaining.