

# JSA TUITION ASSISTANCE PROGRAM (TAP) REIMBURSEMENT REQUEST

HR Form 303.00 (TPO 6/06)

## SECTION I: TAP Information and Release

Name: \_\_\_\_\_ MS# \_\_\_\_\_ Extension: \_\_\_\_\_ Date: \_\_\_\_\_ Grad Student? \_\_\_\_\_

Division: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**Tuition Payments for:** \_\_\_\_\_ (enter applicable semester, quarter, etc.)

Course #	Course Title	Cost
		\$
		\$
		\$
<b>Total Tuition Payment Requested</b>		<b>\$</b>

Non-tuition Payments	Cost
Qualifying fees:	\$
Books (if a course requirement):	\$
Other (if a course requirement): _____, _____, _____	\$
<b>Total Non-tuition Payment Requested</b>	<b>\$</b>
<b>Total Payment Requested</b>	<b>\$</b>

Attach:

1. copy of paid invoices and receipts
2. course document(s) indicating books/equipment are required
3. grade report
4. completed check disbursement form

I certify that this requested reimbursement does not include any benefits payable from other non-personal sources, including, but not limited to, veteran's benefits, scholarships, grants, or tuition discounts. I agree that, should I drop a course after the institution's drop/add period or receive a grade other than "Pass," "A," "B," or (undergraduate courses only) "C", I am personally liable for all costs related to that course.

Employee's Signature \_\_\_\_\_

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

- Approved  
 Disapproved

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

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

## SECTION II: Training and Performance Review

Training and Performance Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

## SECTION III: Management Approval

- Approved  
 Disapproved

Division/Office Head Signature: \_\_\_\_\_

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