



JSA EDUCATION REIMBURSEMENT PROGRAM (ERP) PAYMENT REQUEST

HR Form 303.00 (TPO 12/09)

SECTION I: ERP Information

Name: _____ MS# _____ Ext: _____ Date: _____ Division: _____
 Job Title: _____ Supervisor's Name: _____
 Payment for _____ (Spring/Fall/Summer/Winter) term _____ ; 20_____

Course # _____ Course Title _____

| | |
|---------------------------|----|
| Tuition: | \$ |
| Fees: | \$ |
| Required Books/equipment: | \$ |
| Other (_____): _____ | \$ |

Total: \$ _____

Course # _____ Course Title _____

| | |
|---------------------------|----|
| Tuition: | \$ |
| Fees: | \$ |
| Required Books/equipment: | \$ |
| Other (_____): _____ | \$ |

Total: \$ _____

Total Claimed: \$ _____

Note: JSA's contract specifies reimbursement only after satisfactory grades are recorded. Attach grade report and appropriate receipts to this form as well as a completed [Check Disbursement Request](#).

SECTION II: Release

I certify that this requested amount 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 understand that payments for some coursework may be taxable and subject to withholding. I further understand that I will not be reimbursed more than a total of \$10,000 for courses for which I have registered during a single fiscal year. 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 will not be reimbursed for costs associated with that course.

Employee's Signature _____ Date _____

SECTION III: Supervisor Approval

Approved for Reimbursement Disapproved (reason) _____

Signature: _____ Date: _____

SECTION IV: HR Review

Human Resources Reviewer _____ Date _____

Comments: _____
