

This form serves as a formal application by a Brandeis University employee for tuition reimbursement for a **job-related course** taken at an educational institution other than Brandeis University. **Full-time** employees with at **least three months of service** may apply for **one course per semester**. The course must be **approved and budgeted by the employee's department head**. If eligibility confirmed Human Resources will process the reimbursement for 75% of the cost of tuition directly to the employee.

After successfully completing a course, submit this form plus your proof of payment, description of the course and satisfactory grade to Brandeis Benefits. Please email to benefits@brandeis.edu.

Employee Information (please print)

Name: _____ Employee ID # _____ Date of Hire: _____

Job Title: _____ Dept / MS#: _____ Ext: _____

Department Head Name: _____

I hereby certify that the information I have provided on this form is truthful and accurate.

Employee Signature

Date

School and Course Information

School Information: Name: _____ Year and Semester _____

Course Type: Training /Certification Course
(check one)

Undergraduate

Graduate*

Course Title: _____

Dates Attended _____

Cost: \$ _____

Tuition Remission Taxation

**Tuition for graduate level courses are excluded from Federal and State taxes if the course is considered job related under the IRC Code 132(f)*

Please check one: The course I selected is:

an undergraduate level course and is exempt from taxation.

a graduate level job-related course. My supervisor must complete **Graduate Tuition Tax Waiver questions below** in order to apply for a tax exemption on my tuition benefit. I understand that this does not guarantee tax exemption, and if the course is found to NOT to be job-related, the amount of tuition remission is considered taxable and subject to Federal, State and FICA taxes.

Supervisor Approval Tuition Tax Waiver (if applicable): Please answer both questions based on graduate level course, content and job responsibilities.

Does this course qualify the employee for new employment, trade or business? Yes No

Does the course maintain or improve the skills required by the employee's current job as supported by their job description? Yes No

Department Head Signature

Please sign below to indicate your approval and budgeting of the employee's chosen course at the educational institution listed above. Also, please supply us with the appropriate charge line since this benefit will be deducted directly from your department's budget.

Charge line: 6642 FN11 CC _____
Dept Cost Center #

Department Head Signature

Date

For Internal Use Only

Eligibility Confirmed: _____

Amount Approved for Payment: \$ _____

Benefits Approval: _____ Date: _____