UNIVERSITY OF WISCONSIN – MADISON Reimbursement Request for Career-Related Coursework or Training

This form is not to be used for training that is required by the employer, or by law or regulations to maintain salary, status, or current position (if the requirements serve a business purpose of the University), or taken to maintain or improve skills required in the employee's present work.

TO BE COMPLETED BY EMPLOYEE:				
Employee Name:				
Employee Job/Appointment Title:		Appointment Percent:	100%	Other
Employing Unit: Division, College or Sch	nool:	Department Name:		
Address:				
Proposed Course Title(s) and Number(s):			
Name of Institution of Higher Education	n to be attended:			
Have you been admitted? Yes	No			
Undergraduate Graduate	Other (specify):			
Semester Offered: Fall Spring	Summer Ye	ear Offered:		
Number of Credits:	Total Fees and Tui	tion to be Requested: \$		
List amount(s) of any grants and/or sch	olarships received t	o help pay for tuition and fees o	of this co	ursework:
What day(s) of the week and time is/ar	e course(s) or traini	ng offered?:		
Course occurs during work hours: Yes	s No			
If yes, how will employee make up wor	ktime?			
Describe the relationship between the a course(s) or training qualify you for development of the course of training? Statin list how each course or training is career-	opment within your g that a course is rec	current position or for advancem	ent withi	n the profession in
Employee Signature:		Date:		

next section; if approved at the department level.

Once the Employee completes the first section, please submit to supervisor or department manager to complete the

TO BE COMPLETED BY DEPARTMENT MANAGER or APPROVING AUTHORITY:

Please Print Your Name:	
Please Print Your Title:	
Will this course qualify the employee for development within the the profession in which the employee is currently working?	·
If no, stop and return this form to the employee. Tuition reimburse	ment is not approved.
If yes, the following information is needed:	
Fund/Account to be charged:	
*Amount Department Commits for Reimbursement:	
Submit this form to the Assistant Dean for Human Resources for the completion and approval. Signatures below as required. Supervisor:	
Department Chair:	
Dean or Director:	Date:
Dean or Director: In accordance with HR Policy Chapter 12.01, this request for ca	
	areer-related tuition reimbursement has been
In accordance with HR Policy Chapter 12.01, this request for ca	areer-related tuition reimbursement has been
In accordance with HR Policy Chapter 12.01, this request for can Approved Denied for the following reason(s):	areer-related tuition reimbursement has been

Tuition is reimbursed through the e-Reimbursement system. This prior approved form, proof of successful completion of course work (typically a grade report or a letter from the registrar) and a receipt for tuition payment must be included when the expense report is submitted to the department's e-Reimbursement approver.

Tax Information

Tuition reimbursements totaling \$5,250 or more in <u>one calendar year</u> will be subject to Federal and State tax withholding and reporting regulations. FICA (Social Security and Medicare), Federal, and State tax will be withheld from the employee's paycheck for taxable educational assistance expense reimbursements totaling \$5,250 or more that the employee receives during the calendar year (See IRS Publication 970, Employer-Provided Educational Assistance).

The taxable amount will be included in the employee's wages and reflected on the employee's W-2 Form, in addition to being subject to FICA, Federal, and State tax withholding. Any non-taxable reimbursements will not be included in wages. If employees have questions concerning tax treatment they should be encouraged to visit the IRS publications mentioned above. For any further questions, please encourage the employee to contact a tax professional.