The University of Connecticut Employee Tuition Reimbursement Application

UNIVERSITY EMPLOYEE IS A MEMBER OF THE FOLLOWING:			
AAUP Management/Confidential ROTC Teaching Faculty UCPEA (PLEASE NOTE: UCPEA, Management, and Confidential Employees must submit a Flexible Work Schedule Agreement Form to the Office of Faculty & Staff Labor Relations before beginning a temporary flexible work schedule.)			
Employee Name: Employee #:			
E-Mail Address:	Mail Address: Work Phone:		
Student ID #:			
Undergraduate Course(s)	Graduate Course(s)	Other	
Semester: 🔲 Fall	Spring	Summer	
Course Dates:	Begin: month/day/year	End: month/day	/year
Institution Granting Credit:			
If UConn Course, Program of Study:			
Course Name & Number (If UCPEA employee, please list all UConn courses for the semester.)			
Course Name & Number#:		# of Credits:	Course Cost:
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Course Name & Number#:		# of Credits:	Course Cost:
Course Name & Number#:		# of Credits:	Course Cost:
Explain the relationship of the course to your job responsibilities:			
A TEMPORARY FLEXIBLE SCHEDULE IS: (Needed for UCPEA and Management/Confidential Employees)			
Not needed: (the course is not during my regular working hours)			
Required and submitted to the Office of Faculty & Staff Labor Relations. (The course is during my regular working hours)			
Employee's Signature:			Date:
Supervisor's Name & Title (please prin	t):		
Supervisor's Signature:			Date:
(Signature for UCPEA – 1st (Signature for AAUP – Dep (Construct for POTC – Dire	artment or Area Head)	.)	
(Signature for ROTC – Director – Veterans Affairs and Military Programs)			
Direct questions and completed applications to hr@UConn.edu			

Human Resources – Unit 5075 ~ 9 Walters Avenue | Storrs, CT 06269-5075



Human Resources