



UNIVERSITY
ST. THOMAS

EDUCATIONAL BENEFITS REQUEST FORM

Employee Information

Employee Name: _____
Employee I.D. Number: _____
Social Security Number: _____
Department: _____

Spouse/Dependent Information

Spouse/Dependent Name: _____
Student I.D. Number: _____ Birth Date: _____
Relationship: _____

Class/Education Information

Fall Spring Summer I Summer II CTI CTII
 Undergraduate Graduate Non-Credit/Audit Semester Year: **20** _____

Below is applicable for the employee only:

If class is taken during working hours, give the days of the week and time that the class is held (no more than one class per semester):

The employee's schedule has been discussed and arrangements have been made to accommodate the workload.
I approve of the employee taking a class.

Supervisor's Signature: _____ Date: _____

Human Resources Approval

The employee or the dependent/spouse of the employee is eligible to receive the following tuition remission:

50% 75% 100% Date of Hire: _____

Human Resources Approval: _____ Date: _____

For Office Use Only