EMPLOYEE TUITION ASSISTANCE PROGRAM (ETAP)
APPLICATION DIRECTIONS

Return this completed form to Benefits at Box 90502 prior to the first day of the course(s) for which you are requesting reimbursement or you will not be eligible for reimbursement.

Please note that confirmation of receipt is not necessary if applications are sent directly to the ETAP mailbox.

Eligibility will be verified and supervisor/managers and staff members will be notified by email. Reimbursement will occur only after successful completion of the course and submission of documentation listed below within 60 days of completing the coursework. Successful completion requires the achievement of a “C” or better in the course where a grade is provided, or official documentation from the institution of “Passed” or “Satisfactory” for coursework where a final grade is unavailable. An “Incomplete” is unreimbursable until a final grade is issued.

Eligible employees will be able to apply to receive a calendar year maximum of $5,250 in tuition reimbursement for up to three courses per semester or quarter (limit nine courses per calendar year) at Duke or another institution accredited by the Southern Association of Colleges and Schools with a physical presence in North Carolina. After receipt of reimbursement, if you voluntarily terminate employment within two years of receiving $2,500 in tuition reimbursement, you will be required to repay 50% of the amount reimbursed over $2,500.

Submit one application for each semester or quarter.

Within sixty (60) days of completing coursework, you must submit the following to the Benefits Office for reimbursement. If you do not submit the required documentation within 60 days of course completion, you forfeit the reimbursement.

- Reimbursement Request Form completed by the attending school*
- Proof of satisfactory completion of coursework.

The Reimbursement Request Form must be from the school attended and specify the tuition only cost of the course (excluding student fees, lab fees, exam fees, books, supplies, and other related costs). Only “tuition” is reimbursable through this program. Proof of satisfactory completion includes a copy of the transcript, grade report or other similar official documentation.

Please Note: Reimbursement will generally occur within four (4) weeks of receipt of all documents described above.

Contact Benefits at (919) 684-5600 or visit the HR web site at http://www.hr.duke.edu/benefits/education for additional program details.

* If you are unable to submit a completed Reimbursement Form, please email employetuition@duke.edu.
EMPLOYEE TUITION ASSISTANCE PROGRAM APPLICATION

Section I – Employee Eligibility

☐ New participant

Name: _______________________________ Duke ID: _______________________________

Work e-mail: _______________________________ Work Phone: _______________________________

Enrollment Information:

Institution Name: _______________________________

Degree sought:

☐ Undergraduate: □ Assoc □ BA/BS □ ESL/EFL □ Other ____________________________

☐ Graduate: □ MA/MS □ PhD □ JD □ Other ____________________________

Are these courses for your: ☐ Current job ☐ Future career development ☐ Both

Course(s) Information:

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<tr>
<th>Semester or Quarter</th>
<th>Course Title</th>
<th>Course Number</th>
<th>Start Date of Course</th>
<th>Last Date of Course</th>
<th>Academic Credit?* (Y/N)</th>
<th>Amount Requested (Fees Excluded)</th>
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*Please indicate if the course grants academic credit.

Section II – Supervisor’s Approval:

I certify the above course is directly related to the employee’s current work assignment or future career development at Duke and is documented in the employee’s professional development plan. To the best of my knowledge, there have been no disciplinary actions in relation to this employee during the preceding 12-month period. (Note – please exclude any disciplinary actions related to performance that this course is intended to address and if the course is during work time, I have given my approval for the employee to attend course.) By approving this application, you agree to notify HR-Benefits immediately via email when this employee gives notice of termination.

Supervisor/Manager Name (please print): _______________________________ Date: _______________________________

Supervisor/Manager work email: _______________________________ Phone: _______________________________

If you are in the Duke University Health System, please have your AOO sign below:

Name of Associate Operating Officer (please print): _______________________________ Date: _______________________________

Associate Operating Officer approval: _______________________________

Section III - Employee Certification:

☐ Educational institution is accredited by the Southern Association of Colleges and Schools and has a physical presence in North Carolina.

☐ I have read the Employee Tuition Assistance Program Q&A, including the taxability statement, and understand that I must submit to Benefits official institutional documentation of successful completion of the course, proof of payment and the Reimbursement Request Form completed by my school in order to receive reimbursement. Reimbursement will generally occur within four (4) weeks of a complete submission. I understand that I must submit the documentation within 60 days of course completion or I will NOT receive reimbursement. You must also be actively working and in a benefits-eligible status on the date your reimbursement request is submitted. A leave of absence with pay is considered to be actively working.

☐ If I voluntarily terminate employment within two years of receiving more than $2,500 in tuition reimbursement, I understand that I will be financially responsible to repay 50% of the amount reimbursed over $2,500 and I hereby authorize Duke University to deduct this amount from my paycheck.

☐ I understand that successful completion requires the achievement of a “C” or better in the course where a grade is provided, or official documentation from the institution of “Passed” or “Satisfactory” for coursework where a final grade is unavailable. An “Incomplete” is not reimbursable until a final grade is issued.

☐ Submit one application each semester or quarter and submit completed application to Benefits prior to first day of class or forfeit reimbursement.

Employee Signature _______________________________ Date _______________________________

Please send completed and approved form to:

Email: employeetuition@duke.edu Fax: (919) 681-8774

Duke University Benefits
705 Broad Street Box 90502
Durham, NC 27705

Approval will be sent via email within 10 business days of application receipt.