



DUKE UNIVERSITY
DUKE UNIVERSITY HEALTH SYSTEM

HUMAN RESOURCES
BENEFITS

705 BROAD STREET
BOX 90502
DURHAM, NC 27708

TELEPHONE (919) 684-5600
FAX (919) 681-8774

**EMPLOYEE TUITION ASSISTANCE PROGRAM
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.**

Eligibility will be verified and supervisor/managers and staff members will be notified by email. Reimbursement will occur after successful completion of the course and submission of documentation listed below. 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, please submit the following to the Benefits Office for reimbursement:

- Email approval,
- 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.

Reimbursement will generally occur within four (4) weeks of receipt of all materials described above.

Contact Benefits at 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 Request Form, please email benefits@duke.edu.



Select One:
 Health System
 University
 Medical Center

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:

Semester or Quarter	Term and Year (Spring/Summer/ Fall/Winter)	Course Title	Course Number	Start Date of Course	Last Date of Course	Academic Credit?*(Y/N)	Amount Requested (Fees Excluded)

*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 proceeding 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, you agree to notify HR/Benefits if/when this employee gives notice of termination.

Supervisor/Manager Name (please print): _____
 Supervisory Approval: _____ 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) _____
 Associate Operating Officer approval: _____ Date: _____

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. I understand that this documentation is due within 60 days of course completion.
- 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.

Employee Signature _____
Date

For Internal Use Only:

Approved **Denied**
 Amount Approved C1 _____; C2 _____; C3 _____ **Reason:** _____
 Approved by: _____ **Denied by:** _____

Please send completed and approved form to Benefits, Box 90502, 705 Broad Street, Durham, NC 27708 or fax to (919) 681-8774.
 Approval will be sent via e-mail, within 3 days of application receipt.