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 ID (EMPL ID):
Employee Job/Appointment Title:	Appointment Percent: 100% Other
Employing Unit: Division, College or School:	
Department Name:	
Address:	
Proposed Course Title(s) and Number(s):	
Name of Institution of Higher Education to b	pe attended:
Have you been admitted? Yes	No
Undergraduate Graduate	Other (specify):
Semester Offered: Fall Spring	Summer Year Offered:
Number of Credits:	Total Fees and Tuition to be Requested: \$
List amount(s) of any grants and/or scholars	ships received to help pay for tuition and fees of this coursework:
What day(s) of the week and time is/are cou	urse(s) or training offered? :
Course occurs during work hours: Yes	□No
If yes, how will employee make up worktime	e?
the course(s) or training qualify you for deveroression in which you are currently working	all course(s) or training listed above and your present position. How will elopment within your current position or for advancement within the ng? Stating that a course is required, as part of a degree, is not sufficient training is career-related. (Attach additional document if more space is needed)
Employee Signature:	Date:

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 the profession in which the employee is currently working?	within their current position or for advancement within Programmed
If no, stop and return this form to the employee. Tuition r	eimbursement is not approved.
If yes, the following information is needed:	
Fund/Account to be charged:	
*Amount Department Commits for Reimbursement:	
(Signatures below as required by division policy)	
Supervisor:	Date:
Department Chair:	Date:
Dean or Director:	Date:
In accordance with HR Policy Chapter 12.01, this requ	uest for career-related tuition reimbursement has been
Approved Denied for the following reason(s	s):
Human Resources:	Date:
Updated January 2016	

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.