GRINNELL COLLEGE

Educational Assistance Claim Form

Complete this form prior to attending course(s).
Submit the completed form to the Office of Human Resources.

Employee Name: _____

Date of Hire: ____/____/____ Department: _____

Course Information

Course Name: _____
(Attach a copy of the course description from the course catalog)

Are you pursuing a degree? ___Yes ___No If yes, what type of Degree? _____

Please explain how this course will assist you in your work at Grinnell College and/or how it will advance your career goals.

_____

_____

Credit Hours: _____ Cost Per Credit Hour: _____ Total Tuition: _____ Books: _____
(Attach a copy of the institution's tuition fee schedule)

Course Start Date: ____/____/____ Course Time of Day
Course End Date: ____/____/____ Begins at _____ a.m./p.m. Ends at _____ a.m./p.m.

Name of Institution: _____

Payment Address: _____

_____

This educational assistance claim form is subject to the terms and conditions of Grinnell College's written policy. Your signature below indicates that you have read and understand these terms and conditions.

_____ ____/____/____
Applicant's Signature Date

Approvals:

_____ ____/____/____
Supervisor Date

_____ ____/____/____
Office of Human Resources Date

Office of Accounting

This course will be treated as taxable income and added to the employee's annual earnings.

☐ Yes ☐ No

COMPLETE PAYMENT INFORMATION ON THE OTHER SIDE

Payment Information

Option 1: Payment to the Institution on Behalf of the Employee, Prior to Taking the Course

I wish to have the college pay tuition on my behalf. I understand that this payment is subject to completing the course and receiving a grade of "C" or better. Should I withdraw from the course, receive an unsatisfactory grade, or leave employment during the semester, I understand that I will be expected to refund the full amount of this payment to the College.

_____ ____/____/____
Applicant's Signature Date

Attach the following items to this form:
1) An original college/university tuition bill, showing the exact cost of tuition and payment address of the institution. (Extract from this cost any fees and/or veteran's assistance, grants, scholarships or any other aid that does not require repayment on your behalf).

Your name and social security number will be added to the memo portion of the Grinnell College check, so please highlight it on your tuition bill. If it is not included, provide it here:
_____.

2) An original receipt for books. If other items were purchased on the same receipt, highlight the books.

Important Note: You must allow at least two weeks for processing and provide a copy of your completed grade report when it is received.

Option 2: Reimbursement to the Employee Before or After Completing the Course

I wish to be reimbursed the cost this course. I understand that this payment is subject to completing the course and receiving a grade of "C" or better. Should I withdraw from the course, receive an unsatisfactory grade, or leave employment during the semester, I understand that I will be expected to refund the full amount of this payment to the College.

_____ ____/____/____
Applicant's Signature Date

Attach the following items to this form:
1) An original college/university tuition bill, showing the exact cost of tuition. (Extract from this cost any fees and/or veteran's assistance, grants, scholarships or any other aid that does not require repayment on your behalf).

2) An original receipt for books. If other items were purchased on the same receipt, highlight the books.

Important Note: You must allow at least two weeks for processing and provide a copy of your completed grade report when it is received.