



Tuition Reimbursement Request Form

-Must be submitted within 30 days of Course Completion Date

-Completed form must accompany Final Grade and Proof of Payment*

| Name | Dept. | Date |
|------|-------|------|
|------|-------|------|

In order to receive tuition reimbursement, please check (√) that you have done the following:

_____ I have submitted/attached a complete transcript of my grades

_____ I have submitted/attached an itemized bursar's statement showing my name, detailed charges and the proof/method of payment (such as credit card or loan).

| |
|--|
| <p>Reimbursement Requests received by 15th of month – paid on EOM; Reimbursement Requests received by EOM – paid on 15th of next month</p> |
|--|

If you have not met the minimum grade requirement or have withdrawn from a course, please give the name of the course:

Employee Signature: _____ **Date:** _____

**Submit to: Crosby Benefit Systems, a division of WageWorks, Inc. PO Box 223886,
Dallas, TX 75222-3886**

Fax: 617-928-0001

Email: servicecenter@crosbybenefits.com