

## Tuition reimbursement course approval form (effective 2020)

**Please complete all sections**

Section I: Employee information						
Name						
Stryker email						
Work phone number						
Department name						
Today's date						
Hire date						
Section II: Request for approval of individual courses and employee authorization						
Name of school						
Degree program / Degree type (e.g., Finance/Bachelors)						
Are you receiving financial assistance from other sources (GI Bill, scholarships, Grants, etc.) for this course(s)?						
If yes, state source and amount of financial assistance:						
Course number	Course title	Number of credits	Tuition cost per credit	Semester	mm/dd/yyyy Start date	mm/dd/yyyy End date

I understand that my request for tuition reimbursement is subject to the rules under the Stryker Tuition Reimbursement Plan - **including the requirement to submit requests for reimbursement no later than 90 days after the end of the semester in which class(es) were completed.** I further understand that if I have received approval for a program, I must be an active employee to receive reimbursement for individual classes taken as part of the approved program. I understand that I am responsible for any applicable taxes imposed on my tuition reimbursement. I verify that I am not receiving any financial assistance from any source other than those listed above. I understand that depending on timing of payroll submission, some classes that were completed in a calendar year may not be reimbursed until the new calendar year - in most cases anything submitted after 2 weeks prior to the end of the year, may be reimbursed the following calendar year. **In that case, the reimbursement will count toward the \$15,000 limit of the calendar year it was paid and not the calendar year the course was completed.**

Employee signature

Date

Section III: Manager approval - Request for approval of degree/certificate program	
By signing this section, you are confirming that this employee meets the eligibility requirements of the Plan, including the requirement of a current performance rating no lower than "Developing Performance", and that the employee is not subject to Performance Improvement Plan.	

Manager Signature

Date