stryker

TUITION REIMBURSEMENT COURSE APPROVAL FORM (effective 2018)

Section I:	Employee Information								
Employee Name :					Date:		Hire Date:		
Department	Work Phon	Work Phone Number:			Email Address:				
Section II:	Request for Approval of Ind	lividual Co	ourses an	nd Employ	yee Author	rization			
Name of Sch	lool:		Degree Program / Degree Type (e.g., Finance/Bachelors)						
-	eiving financial assistance from othe nancial assistance:	er sources (G	I Bill, scho	olarships, G	rants, etc.) f	or this course	e(s)? If yes, sta	te source and	
							Specifi	c Dates	
Course Number	Course Title			Number of Credits	Tuition Cost Per Credit	Semester	mm/dd/yyyy Start date	mm/dd/yyyy End Date	
<u>(including th</u> that if I have	d that my request for tuition reimbu <u>ne requirement to submit request for</u> e received approval for a program, l	<u>r reimbursen</u> [must be an :	<u>nent no la</u> active em _j	<u>ter than 90</u> ployee to re	<u>days after th</u> ceive reimbu	<u>e end of class</u> irsement for i	<u>s(es)</u> . I further individual class	understand ses taken as	
	pproved program. I understand the am not receiving any financial assis								
timing of pa	yroll sumbission some classes that w the reimbursement will count in the	ere complete	ed in a cal	endar year	may not be	reimbursed u	ntil the new ca	lendar year.	
Employee Signature			Date						
Section III	I: Manager Approval - Reque	st for App	roval of	Degree/C	ertificate l	Program			
	is section, you are confirming that this rmance rating no lower than "Consiste	· ·		U I			U 1		
Manager Signature			_		Date			-	
Manager N	ame		-						
A	After form is completed and signed ple	ase visit myhi	r.stryker.c	om and subn	nit the form f	or myHR revie	ew and eligibilit	'y.	