EMPLOYEE EDUCATION ASSISTANCE PROGRAM
Reimbursement Request Form

Office of Human Resources
500 W. University Ave.
El Paso, TX 79968
Fax #: (915) 747-5815
HRSupportCenter@utep.edu

The University of Texas at El Paso may reimburse employees up to established limits for qualified educational expenses that meet the requirements of Handbook of Operating Procedures Section V. Chapter 26. Reimbursement request forms must be submitted within the same fiscal year as the class completion date. Reimbursement of tuition and fees for courses is subject to the following limits and must have paid their tuition and fees personally with no state or federal funding.

<table>
<thead>
<tr>
<th>Credit Hours</th>
<th>Tuition &amp; Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$170</td>
</tr>
<tr>
<td>2</td>
<td>$335</td>
</tr>
<tr>
<td>3</td>
<td>$500</td>
</tr>
<tr>
<td>4</td>
<td>$500</td>
</tr>
<tr>
<td>5</td>
<td>$835</td>
</tr>
<tr>
<td>6 or more</td>
<td>$1,000</td>
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</tbody>
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Instructions:
1. Complete and sign EEAP Reimbursement Request form.
2. Attach required supporting documentation.
   - Proof of Course Payment
   - Proof of Successful Course Completion
3. Forward to Office of Human Resources (Administration Bldg., Room 216).

Employee Name (print): _____________________________
Employee ID: _____________________________
Student ID: _____________________________

Course No: ____________ Course Name: ___________________________ Credit Hrs.: ______ Grade: ______
Course No: ____________ Course Name: ___________________________ Credit Hrs.: ______ Grade: ______
Course No: ____________ Course Name: ___________________________ Credit Hrs.: ______ Grade: ______

Semester or Term: ____________

I attest that I am a full-time employee, I am not serving under a probationary period, and I am not currently subject to a disciplinary action. I also attest that the course for which this reimbursement is requested has been successfully completed, and that the course relates to my job duties or meets the requirements of my approved degree plan.

______________________________________________   ____________________________
Employee Signature   Date

______________________________________________   ____________________________
Department Head or Chair   Date

Amount Requested: $__________

For Official Use Only (Approval):

________________________   ____________________________   ____________________________
Office of Human Resources   Date   Student Business Services   Date