EMPLOYEE EDUCATION ASSISTANCE PROGRAM
Reimbursement Request Form

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 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>Limit</th>
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<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>$670</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. Reimbursement request forms must be submitted within the same fiscal year as the class completion date.
2. Complete and sign EEAP Reimbursement Request form.
3. Attach required supporting documentation.
   - Proof of Course Payment
   - Proof of Successful Course Completion
4. Submit form via email to EEAP@utep.edu. Please do not include other parties when submitting your documentation.

Employee Name (print): ____________________________  Department: ____________________________
Employee ID ____________________________  Student ID ____________________________

Course No: ________  Course Name: ____________________________  Credit Hrs: ________
Course No: ________  Course Name: ____________________________  Credit Hrs: ________
Course No: ________  Course Name: ____________________________  Credit Hrs: ________

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 (Received):

__________________________________________  ____________________________
Office of Human Resources                      Date