



# 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 policy, Section V. Chapter 26.

Reimbursement of tuition and fees for courses is subject to the following limits and the employee must have paid their tuition and fees personally with no state or federal funding.

- |                             |                             |                                       |
|-----------------------------|-----------------------------|---------------------------------------|
| <b>1 Credit Hour \$170</b>  | <b>3 Credit Hours \$500</b> | <b>5 Credit Hours \$835</b>           |
| <b>2 Credit Hours \$335</b> | <b>4 Credit Hours \$670</b> | <b>6 Credit Hours or more \$1,000</b> |

Instructions:

- Completed reimbursement request forms must be submitted within the same fiscal year as the class completion date.
- Attach the following required supporting documentation:
  - Proof of Course Payment
  - Proof of Successful Course Completion
- Submit form via email to [EEAP@utep.edu](mailto: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: \$ \_\_\_\_\_

**A copy of this form must also be submitted to The Office of Human Resources for processing.**

|                                   |       |
|-----------------------------------|-------|
| For Official Use Only (received): |       |
| _____                             | _____ |
| Office of Human Resources         | Date  |