

Verification of Employer Educational Assistance

Student: Complete Section I of this form and then forward it to your Human Resources Department for verification.

Human Resources Department: Please complete section II of this form and mail or fax it directly to the above address as soon as possible.

Section I – To be completed by the student.

Name _____ 7-digit Student ID number _____

E-mail _____ Phone _____

Program of Registration _____ Are you currently Employed ? (circle one) Y N

Students who are unemployed can submit this form without completing section II. **Employed students are required to have their company complete section II, even if no EA program exists. This form must be completed in order to receive financial aid. If you have questions or concerns regarding the completion of this form, please contact the Chicago Office of Financial Aid.**

Section II – To be completed by the Human Resources Department of employed students.

1. This individual is eligible to receive educational assistance from your organization for the following time period (check one):

Calendar years 20____ and 20____ (i.e. On January 1 of every year, the employee is eligible.)

Academic year _____ - _____ (Ex.: June. 2011– May. 2012)

Alternative time period _____ through _____

No program exists or employee is **not** eligible (Skip questions 2-5.)

2. If yes, how much? \$ _____ or _____ %

3. How much of this assistance is **untaxed**? (check one)

\$5250 \$ _____ Or _____ %

4. There is a cap on (check all that apply):

of classes eligible for reimbursement: _____

time period amount: _____

No cap exists.

5. Is this educational assistance contingent upon a grade? Yes _____ No _____

If yes, lowest possible grade per class or G.P.A. per term: _____
(please explain)

Signature of HR Official

Date

Print name and title

Phone

E-mail

Name of Organization

Address