

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 _____ Social Security Number _____

E-mail _____ Phone _____

Program of Registration _____

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

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. 2008 – May. 2009)

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