

SOUTH JERSEY TRANSPORTATION AUTHORITY TUITION REIMBURSEMENT APPLICATION

A request for tuition reimbursement should be made on this form at least four (4) weeks prior to course(s) start date. The course must be job or Authority related and the Authority will assess employment relatedness. Upon course(s) completion, employee must attach a copy of detailed receipts for tuition, registration, and laboratory fees. In accordance with Internal Revenue Code Section 127; "Educational Assistance Programs", any amount reimbursed to an employee during the calendar year in excess of \$5,250 will be reported in the employee's gross income and reflected on their W-2 form at year-end.

EMPLOYEE NAME:	DATE:	
POSITION TITLE:	DEPT.:	
Name and Address of Accredited School:		
Title of Course(s) Attach a copy of the latest selbreakdown of fees.	hool catalogue with the description for each	course as well a
Tuition Amount: Registration Fee: Laboratory Fee:	Date Course Begins: Date Course Ends: Total Number of Credits:	
Brief description of relationship of course(s) to cu	rrent position or Authority employment.	
	Employee Signature	Date
☐ APPROVED ☐ DENIED	Supervisor	Date
APPROVED DENIED	Department Director	Date
FUNDS AVAILABLE YES NO	<u></u>	Date
APPROVED DENIED	Finance Director	Date
APPROVED DENIED	Executive Director	Date
APPROVED DENIED	Human Resources	Date
Humar	n Resources Use Only	
1. Grade: Date:	Grades Received 2. Grade: Date:	