

AFSCME & State of Michigan Tuition Reimbursement Application

Please make sure the address on this application form is the same as in your payroll files. If you have any questions about updating your address, please contact your personnel office. **Payments are now processed directly to your regular bi-weekly pay check for all approved tuition reimbursements.** Please print in ink, complete all sections, and send all documents. You must submit your application within ninety (90) calendar days of completing the class, semester, or term.

Name: _____ Employee #: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Work Location (facility): _____ Work Phone: _____

Department: _____ Email address: _____

Class & Level: _____ AFSCME Local #: _____ Date last dues/fees paid: _____

Reimbursements shall be paid through your regular bi-weekly pay check.

Program/Degree/CEUs/Certificate/Other: _____

Name of School: _____ Semester (only one/application): _____

Course Title Abbreviations, Numbers, and Credit hours (example: NURS 221 3 credit hrs.)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Please complete reverse side.

AFSCME & the State of Michigan

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To receive reimbursement, you need to submit:

- a. an itemized billing showing the fees and tuition charged to the student.
IS THIS DOCUMENTATION ATTACHED? _____
- b. a copy of the school's *rate per credit hour*/**contact hour** for the term requested (Tuition/ Fee Schedule).
IS THIS DOCUMENTATION ATTACHED? _____
- c. your final grade report for the term/semester. The fund will only pay for a course once, and only if credit was earned.
IS THIS DOCUMENTATION ATTACHED? _____

If you have applied for tuition reimbursement from your department, you must submit a copy of the Department's response. Enter N/A if your Department does not offer tuition reimbursement.

IS THIS DOCUMENTATION ATTACHED? _____

If you are receiving funds from any other source, you must submit documentation of those funds. Enter N/A if you did not receive any grants, scholarships, or money from other sources.

IS THIS DOCUMENTATION ATTACHED? _____

Applicant Certification: My signature indicates agreement to remain employed by the State of Michigan following completion of training, for a period of time equal to that spent in training. I understand that if I voluntarily leave such employment, I will reimburse the Resource Fund for tuition received on a pro rata basis; further, this does not represent a guarantee of my employment on behalf of the Union or the Employer. I certify that all information furnished in this application is correct and any information found to be false will result in this tuition request being refused.

Signature: _____ Date: _____

If you have questions, you may call the Council Office at (517) 487-5081, toll-free (800) 237-2632, or address your questions to us at the following Lansing Office email address: bmurphy@miafscme.org. A copy of the criteria which outlines guidelines for use of the funds is available online at www.michigan.gov/ose, www.miafscme.org, or to request a copy, please contact us at the above phone number and/or email address. The information provided in the Criteria might be very helpful to you.

PLEASE SEND ALL REQUESTED DOCUMENTS TOGETHER, SINCE NO ACTION CAN BE TAKEN ON INCOMPLETE PAPERWORK. All completed applications should be sent to:

Michigan **AFSCME** Council 25
ATTN: Tuition Reimbursement/EERF
1034 N. Washington Avenue
Lansing, Michigan 48906

OR:
EMAIL:
bmurphy@miafscme.org

OR:
Fax: (517) 487-3970