

## Cabrini College Employee Application for Tuition Remission Program

Complete this application with all required approval signatures. Also please have attached the Student Detail Schedule found on CabriniOne under the student tab, and submit by the required deadlines to the Human Resources Office.

## SECTION BELOW TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

Employee Name			ID #	
Department			Email Address	
Relationship to Employee: ☐ Self ☐ Spouse Benefit Requested For: ☐ Fall ☐ Spring CREDIT TYPE: ☐ Undergraduate		pring [	Dependent (under the age of 23) Summer Year Graduate	
<b>List Requested Course(s)</b> : The College's Tuition Remission Po		er credit hou	ırs must be consistent with the	
Course Title	Course Name/#	Credit Hrs	Class Days & Times	
Employee Certification: I have read, understand, and agree to abide by all provisions of the tuition remission policy. I further understand that this benefit is the actual cost of tuition only. The student is responsible for any fees and room and board if applicable. If the student's course load changes, I will notify Human Resources.  EMPLOYEE SIGNATURE DATE				
IMMEDIATE SUPERVISOR'S APPROVAL  ☐ I approve this request and certify that the employee's participation will not adversely affect departmental services nor cause undo hardship for other employees. If I am allowing the employee to attend classes during the workday, attached is the alternate work arrangement.  ☐ I cannot approve or certify the employee's request to attend classes because:  SUPERVISOR'S SIGNATURE				
		OCEC ADDDOL		
	<u>HUMAN RESOUR</u>			
YES □ NO □ If no, re	eason			
HR SIGNATURE	DATE		DATE TO FIN AID	
DATE NOTIFIED EMPLOYEE	NUN	IUMBER OF CREDITS APPROVEDGR or UG		