The University of Connecticut
Employee Tuition Reimbursement Application

UNIVERSITY EMPLOYEE IS A MEMBER OF THE FOLLOWING:

☐ AAUP
☐ Management/Confidential
☐ ROTC Teaching Faculty
☐ UCPEA

(PLEASE NOTE: UCPEA, Management, and Confidential Employees must submit a Flexible Work Schedule Agreement Form to the Office of Faculty & Staff Labor Relations before beginning a temporary flexible work schedule.)

Employee Name:
Employee #:
E-Mail Address:
Work Phone:
Student ID #:

☐ Undergraduate Course(s)  ☐ Graduate Course(s)  ☐ Other

Semester:
trusted Fall
Spring
Summer

Course Dates:
Begin: month/day/year
End: month/day/year

Institution Granting Credit:

If UConn Course, Program of Study:

Course Name & Number
(If UCPEA employee, please list all UConn courses for the semester.)

Course Name & Number#: # of Credits: Course Cost:
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Explain the relationship of the course to your job responsibilities:

A TEMPORARY FLEXIBLE SCHEDULE IS: (Needed for UCPEA and Management/Confidential Employees)

☐ Not needed: (the course is not during my regular working hours)
☐ Required and submitted to the Office of Faculty & Staff Labor Relations. (The course is during my regular working hours)

Employee’s Signature: Date:

Supervisor’s Name & Title (please print):

Supervisor’s Signature: Date:

(Signature for UCPEA – 1st level outside of UCPEA)
(Signature for AAUP – Department or Area Head)
(Signature for ROTC – Director – Veterans Affairs and Military Programs)

Direct questions and completed applications to hr@UConn.edu
Human Resources – Unit 5075 ~ 9 Walters Avenue | Storrs, CT 06269-5075