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EMPLOYER EDUCATIONAL ASSISTANCE AUTHORIZATION FORM

FOR DIRECT PAYMENT MADE TO WEBSTER UNIVERSITY

Employee Name _____

Social Security Number _____

This is to confirm that the above person is employed at _____ and is entitled to tuition reimbursement for successfully completing an approved course at Webster University.

This letter serves as authorization to bill this company for the educational expenses of the above named employee. The employee is responsible for all expenses not specifically mentioned below.

Specifics of the Educational Assistance Program:

Enrollment Session	_____	(Select one: Fa1, Fa2, Sp1, Sp2, Su, and add the year)
Required Grade	_____	(Enter the grade level required)
Number of Credit Hours	_____	(Enter the total number of credit hours authorized)
Tuition Reimbursement Amount	_____	(Enter either a \$ amount, or a percent of tuition coverage)
Class Fees Reimbursed	_____	(Select one: Yes or No)

Webster University's Invoice _____ will include the above authorized educational expenses showing name, number of credit hours, tuition, fees, and total due. The invoice should be sent to:

Company Name _____
c/o Name or Dept _____
Street _____
City, State, Zip Code _____

Contact _____, telephone number _____ if you have any questions regarding our Educational Assistance Program, or refer to the attached business card.

(Authorized Signature/Title)

(Date)