



Employer Reimbursement Form

Employer Educational Assistance Authorization

- Form -

Employee/Student Information:

Name _____ **Student Number** _____
Last First OR Social Security Number

Address _____
Number Street City State Zip Code

This is to confirm that the above person is employed at our company and is entitled to tuition reimbursement payment only to the employee, for successfully completing an approved course at Webster University.

Our company policy is to make payment only to the employee. The employee is responsible for payment of their Webster University account and understands that the account must be paid within three weeks after the session has ended in order to obtain confirmation of their registration for the next session.

Specifics of the Educational Assistance Program:

Place of Employment _____

Enrollment Session _____ (Select one: Fa1, Fa2, Sp1, Sp2, Su – and add the year)
Term 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 % of tuition coverage)

Class Fees Reimbursed _____ (Select one: Yes or No)

Contact the Webster University **Business Office at 1-800-981-9803** if you have any questions regarding our Educational Assistance Program.

 Employer's Authorized Person – Name / Title (printed) Phone Number _____

 Employer's Authorized Person – Signature Date _____

 Employee/Student's Signature Date _____

Complete this form for each term.

Return this form to you local campus:

Webster University – Scott AFB
 375 FSS/FSDE
 404 W. Martin Street, Room 83
 Scott AFB, IL 62225-9998
 Fax: 618-746-2315

Webster University
 Business Office WH 101
 470 E. Lockwood Ave.
 St. Louis, MO 63119
 Fax: 314-963-6105