

Supervisor Acknowledgement Form

for Employee Portable Tuition Benefits

Employee Name: _____

Employee ID: _____ Term: _____

Total amount of tuition(fees are excluded): \$ _____

The supervisor’s signature indicates the reimbursement is for job-related course(s) and acknowledges that the employee is enrolled in an undergraduate or graduate degree program.

Supervisor’s Name (please print): _____

Signature: _____

Title: _____ Date: _____

Submit with your online application.