

# 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.