

ALVIN COMMUNITY COLLEGE

**TSCM EDUCATIONAL BENEFITS
REIMBURSEMENT FORM**

Section 15.03 of the Board of Regents Policy Manual establishes educational benefits for eligible TSCM employees. This form is to be submitted to the Business Office upon completion of course(s). **A copy of grades or transcript, and a copy of the fee statement must be attached.**

SECTION I TO BE COMPLETED BY EMPLOYEE
(Print or Type)

NAME:	_____	EMPLOYEE ID:	_____
DEPARTMENT:	_____	DATE:	_____
SEMESTER:	_____	HOURS COMPLETED:	_____
COURSE(S) COMPLETED:	_____		_____
EMPLOYEE'S SIGNATURE:	_____	DATE:	_____
SUPERVISOR'S SIGNATURE:	_____	DATE:	_____
HR VERIFICATION:	_____	DATE:	_____

SECTION II TO BE COMPLETED BY THE BUSINESS OFFICE

CALCULATION OF REIMBURSEMENT

In-District Tuition Paid: (Not to exceed 6 hours) If out-of district tuition, building use fees, and/or student services fees were initially paid, they will also be refunded.	\$ _____
Difference between out-of district tuition paid and in-district tuition:	\$ _____
General Service Fees Paid:	\$ _____
Security Fee Paid:	\$ _____
Student Services Fees Paid:	\$ _____
TOTAL REFUND DUE:	\$ _____

BUSINESS OFFICE AUTHORIZATION: _____ **DATE:** _____

Distribution: Original / Business Office Copy / Employee Copy / HR (file with copy of check)