

Educational Assistance Reimbursement Request Form

Maricopa Community Colleges Compensation Department

Date _____ Work Location _____

Employee Name _____ Employee ID # _____

Pay above employee as reimbursement for tuition and related books and supplies in the amount of \$ _____. (Attach copies of grade report, receipts for books, and/or supplies to this form.)

Course # _____	Course Name _____		
Course Begin Date _____	Graduate <input type="checkbox"/>	Undergraduate <input type="checkbox"/>	
(Check appropriate category for course)			

Course # _____	Course Name _____		
Course Begin Date _____	Graduate <input type="checkbox"/>	Undergraduate <input type="checkbox"/>	
(Check appropriate category for course)			

Approved By _____ Date _____
Authorized Signature for Professional Growth

Employee Group and account number to be charged:

Check one

Fill in empty space with campus location indicator

- | | | | |
|-------------------------------------|--------|------------|---------------|
| <input type="checkbox"/> | Crafts | 110- _____ | -152010-51250 |
| <input checked="" type="checkbox"/> | MAT | 110- 700 | -152080-51220 |
| <input type="checkbox"/> | M&O | 110- _____ | -151990-51240 |
| <input type="checkbox"/> | PS | 110- _____ | -152020-51230 |
| <input type="checkbox"/> | Other | _____ | |
| <input type="checkbox"/> | Other | _____ | |

Approved by _____ Date _____
Fiscal Agent (District Office)

Compensation Department Use Only

Employee's Empl ID: _____

Earnings Code: EDN

Processed By: _____

For Payroll
 Date: _____

Copy Distribution:

White: Employee | Yellow: Compensation Dept (attach documentation) | Pink: Professional Growth Rep