## **Educational Assistance Benefit Program**



## **Reimbursement Form**

**Procedure**: Upon completion and approval of Coursework Eligibility Form, employee should complete and submit this form within (15) days after the end of a program/term to <u>Isuemploymentrelations@csudh.edu</u>. Employees must include transcripts, final grades, scores, or any certificate received from completing the program/term. Employees should also provide receipts for coursework or tuition (EABP does not cover other fees such as books, materials, housing, etc.).

**Next Steps:** Submitted grades, scores, or certificates will be verified and total reimbursement amount for the term will be determined. Once approved by the Executive Director or their designee, the employee will be forwarded an approved copy of this form and a check will be provided to the employee within 15 days of approval.

| Applicant Name:   |  |
|-------------------|--|
| Institution Name: |  |
| Program Name:     |  |

## **Coursework Description:**

If your coursework does not fit in the table below, please attach a document in a similar format.

| Course # | Course Title | In-Person/Online/Hybrid | Units |
|----------|--------------|-------------------------|-------|
|          |              |                         |       |
|          |              |                         |       |
|          |              |                         |       |

## Costs to be reimbursed, (please specify):

| lf you | ir itemized costs do not fit below, please attach a document in a similar format <b>Description</b> | Cost: |
|--------|---|-------|
| 1.     |   |       |
| 2.     |   |       |
| 3.     |   |       |
|        |   |       |

Total:

LSU Office Use Only:

| Human Resource Signature     | Date | Reimbursement Amount: |
|------------------------------|------|-----------------------|
| Business & Finance Signature | Date |                       |