



EMPLOYER REIMBURSEMENT REQUEST FORM

I am employed by [Click or tap here to enter text.](#), where I am eligible for coverage by a tuition reimbursement plan.

I understand that this Employer Reimbursement Request form is for the [Click or tap here to enter text.](#) academic year. This form must be submitted to Student Accounts prior to the tuition due date.

I understand that in addition to this verification, a promissory note must be signed every semester. To sign Promissory Note, log into <https://my.daemen.edu>

I understand that I am obligated to notify the Office of Student Accounts immediately if my employment, or the terms of my company's reimbursement program changes.

Print Name [Click or tap here to enter text.](#)

ID# [Click or tap here to enter text.](#)

Student Phone Number [Click or tap here to enter text.](#)

Company Name [Click or tap here to enter text.](#)

Company Address [Click or tap here to enter text.](#)

Company Phone Number [Click or tap here to enter text.](#)

Company Fax Number [Click or tap here to enter text.](#)

Student Signature [Click or tap here to enter text.](#)

Date [Click or tap here to enter text.](#)

To be completed by employer:

The above student/employee is eligible for tuition reimbursement.

Qualifying amount or % of benefit to be received [Click or tap here to enter text.](#)

Check appropriate terms: SUMMER 20___ ☐ FALL 20___ ☐ SPRING 20___ ☐

Print Name [Click or tap here to enter text.](#)

Title [Click or tap here to enter text.](#)

Phone # [Click or tap here to enter text.](#)

Signature [Click or tap here to enter text.](#)

Date [Click or tap here to enter text.](#)

When is Payment Due?

Employer Reimbursement payment must be made within 30 days of grades being posted to avoid a Late Fee, and/or interruption of registration for future semesters.

Directions: Download and fill out this document. Then, use the secure upload system to upload your filled-out document.

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