



EMPLOYEE REIMBURSEMENT REQUEST FORM

I am employed by _____, where I am eligible for coverage by a tuition reimbursement plan.

I have attached a copy of my company's reimbursement policy which includes detailed information regarding maximum amounts reimbursed per calendar year, percentage of tuition reimbursed and GPA requirements. I have also read and understand my company's reimbursement policy.

I understand that this Employer Reimbursement Request form is required to determine my eligibility for participation in Daemen College's Employer Reimbursement Payment Plan for the _____ semester.

I understand that in addition to this verification, a promissory note must be signed with the Student Accounts Office.

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

In order to prove cost to my employer, the Office of Student Accounts can provide, upon my request, one of the following:

- Statement of Account – a history of the transactions on the tuition account including tuition, fees, and any credits that have been applied (including financial aid).
- Registration Statement – a detail of the class registration.

Note: Please allow at least 48 hours for processing. No deferment will be processed unless all required information is received by our office.

Student Signature _____

Print Name _____ ID# _____

Student Phone Number _____ Date _____

Company Name _____

Company Address _____

Company Phone Number _____ Company Fax Number _____

To be completed by employer:

The above student/employee is eligible for tuition reimbursement.

Signature _____ Date _____

Print Name and Title _____ Phone # _____

Student_accounts@daemen.edu • www.daemen.edu/offices/studentaccounts
4380 Main Street • Amherst, NY 14226-3592
Phone: 716-839-8213 • Fax: 716-839-8362