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**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](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: FALL  SPRING  SUMMER

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.

student\_accounts@daemen.edu ● [www.daemen.edu/offices/studentaccounts](http://www.daemen.edu/offices/studentaccounts) ● 4380 Main Street, Amherst, NY 14226

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