Nonunion Reimbursement Form

Harvard University Benefits

Tuition Reimbursement Plan
Non-Harvard Course Reimbursement

See Back for Guidelines

Harvard ID #: □□□□□□□□ Department: __________________________

Name: First ______________________ MI _______ Last __________________________

Home Address: __________________________________ Daytime Phone: (______) ________________

City: __________________________ State: ________ Zip Code: ______________________ _______

Date of Hire/Appointment: __________________________ Years of Service: ______________________

Employment Status: □ Exempt □ Faculty □ Hourly □ Post Doc □ Support Staff (Non-Union)

I hereby certify that 1) I meet the eligibility requirements as stated on reverse side, and 2) will not be covered by any other employer plan or any other person. My employer does not accept responsibility for direct payment to any individuals other than the employee. I have read and understand the information on this form.

_____________________________________________________  _______________________
Signature of Staff Member      Date

_____________________________________________________  _______________________
Signature of Immediate Supervisor     Date

_____________________________________________________  _______________________
Signature of Personnel Officer      Date
(Except if you work in VPA, Financial Administration, or FAS)

1. Semester: □ Fall □ Spring □ Summer □ Full Year Course

2. Type of Credit: □ Undergraduate (must apply toward a degree) □ Graduate (must be job-related) □ Doctoral

3. School/Program offering the course: _____________________________________________

4. Course Number: __________________________ Credit Hours: __________

   Course Title: ____________________________________________

   Course Start Date: __________  Course End Date: ____________

5. Why this course is needed:
   □ Required for a degree
   □ Upgrade skills/knowledge necessary for current job
   □ Upgrade skills/knowledge necessary for another job at the University
   □ Requested by Supervisor

6. Total Course Cost: $___________________ (tuition only)

7. Grade: _________ (If not available at time of application submission, may be supplied to Crosby Benefit Systems within 60 days after the end of the course)

Mail to Crosby Benefit Systems, 27 Christina St, Newton, MA 02461
or Fax to 617 928 0001

REV. 04/17
TRP is available for courses outside of Harvard to employees who:

1. work at least 17.5 hours per week if Exempt, Faculty, Post Doc, Support Staff (Non-Union), or Hourly HUPA or HUSPMGU; or work at least 20 hours if Hourly Dining Services; or work more than 20 hours if Hourly Custodial Services, Electricians & Carpenters (ATC), or Arnold Arboretum; and
2. are paid on the regular payroll; and
3. have 6 months of service prior to the start of the course.

To be eligible for TRP coverage, a course must meet all three of the following criteria. The course must be:

1. taken at an accredited institution;
2. taken for academic credit and for a letter grade;
3. job-related (unless it is an undergraduate course taken toward the completion of an associate’s or bachelor’s degree; completion of an undergraduate degree is considered job-related regardless of subject matter). Complete one form for each course.

The completed form must be submitted to Crosby Benefit Systems within 60 days of the end of the course to receive reimbursement. If you are unable to obtain the required information within the 60-day period, you must contact Harvard Benefits prior to the deadline.

Submit the following paperwork:

1. completed TRP form;
2. a copy of the course cost (bursar’s bill or page from the catalogue);
3. a receipt showing the specific course was paid;
4. grade or document proving completion of the course and grade received.

All paperwork should be mailed to Crosby Benefit Systems, 27 Christina St, Newton, MA 02461 or faxed to 617 928 0001. Tuition requests are processed semi-monthly. For completed requests submitted by the 15th of the month, checks will be issued by the last day of the month; for completed requests submitted by the last day, checks will be issued by the 15th of the following month. Note: Reimbursement checks will be mailed to your home address.

To certify your employment and eligibility for TRP, you must sign the TRP form and obtain the signature of your immediate supervisor. Signature of your area personnel officer is required in all areas except in VPA, Financial Administration, and FAS (College Library does require the Personnel Officer’s signature).

Checklist:

1. Check the semester in which you are taking the course.
2. Check to indicate the type of credit.
3. List the school where you are taking the course.
4. Provide the complete course title and credit hours listed in the catalogue. Fill in the beginning and ending dates of the course.
5. Explain how it is job-related if it is for graduate credit. (If it is an undergraduate course taken toward the completion of an associate’s or bachelor’s degree, it is considered job-related regardless of the subject of the course.)
6. Enter the tuition for the course. Most employees are eligible to receive 75% of tuition for two courses up to 8 credits per semester, up to a maximum reimbursement of $5,250 per calendar year (January 1 - December 31).

Please see the Tuition Plan section of HARVie (http://hr.harvard.edu/tuition-assistance) for additional information regarding eligibility, wait periods, credit limits, and plan design, or contact the Benefits office with questions at 617-496-4001.