Print Form

BROAD INSTITUTE

BROAD TUITION REIMBURSEMENT APPROVAL / REQUEST FORM

Submit an application to HR for each class you intend to take, PRIOR to enrolling in the class. You will receive a response from HR within 7 business days.

PERSONAL INFORMATION (PRINT OR TYPE)

Last Name | First Name | Employee ID #

Pay Frequency (Monthly/Weekly) | Extension | Group

COURSE INFORMATION

Name of Academic Institution | Course Title | Course Number

Course start date | Course end date

Type of Course (check all that apply): ☐ Undergraduate ☐ Graduate ☐ Degree Program ☐ Online _____
Describe Online Program

Check the description that applies to your course. Explain the rationale for the selection in the space below.

_____ This course is **job-related** (Job-related means that the course will enhance the knowledge and skills needed in a significant portion of your present job).

_____ This course is **job-attainable**. (Job-attainable means that the course will prepare you for advancement in your current or another field of work in which reasonable employment opportunities exist at The Broad Institute). In your explanation, please include your desired future position at The Broad Institute.

_____ This course is a **prerequisite for a degree that is job-related or job-attainable.**

Explanation of Selection:

PLEASE COMPLETE THE FOLLOWING BOXES FOR AMOUNTS YOU ARE APPLYING FOR REIMBURSEMENT:

Tuition: $_____ Fees: $_____ Fee Type (Check all that apply): ☐ Registration ☐ Lab ☐ Exam ☐ Other_____ TOTAL: $_____

For courses taken at an accredited college or university, employees working 20 hours/week or more will be reimbursed $5,250 per calendar year for eligible courses. In order to receive reimbursement you must demonstrate successful completion of the course, which means a grade report indicating a grade of C- or better. For approved certification programs, proof of successful completion is a copy of your certificate.

Employee's Signature | Date

Manager's Signature | Date

HR AND FINANCE USE ONLY

HR APPROVAL

☐ Grade Received ☐ Copy of Invoice/Proof of Payment Received

Amount to be Reimbursed

Payroll Period

Approval Signature

Date

PAYROLL APPROVAL

1200000
Cost Object

500300
General Ledger

Approval Signature

Date

Return this form to: Broad Institute • Human Resources, Benefits Office