



**UNIVERSITY OF SOUTH ALABAMA  
USA HEALTHCARE MANAGEMENT, LLC  
FACULTY AND STAFF TUITION REIMBURSEMENT REQUISITION**

EMPLOYEE NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMPLOYEE J#: \_\_\_\_\_ STUDENT CLASSIFICATION:  GRADUATE  UNDERGRADUATE

EMPLOYEE OFFICE ADDRESS: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_ DIVISION NAME: \_\_\_\_\_

SEMESTER:  FALL  SPRING  SUMMER YEAR: \_\_\_\_\_

I certify that as a regular full-time employee I am eligible to receive tuition reimbursement for satisfactory completion of a credit course(s) taken at the University of South Alabama. I understand that I will be reimbursed for up to a maximum of five (5) semester hours for each semester for one or more courses taken at the University of South Alabama. Reimbursement is limited to tuition only.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

SUBJECT	COURSE NUMBER	SECTION	COURSE TITLE	WEB COURSE	CREDITED HOURS
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	

**TOTAL REIMBURSABLE AMOUNT**  
(Up to maximum of 5 hours  
plus Registration Fee)  
To be completed by HR

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**PLEASE LIST PAYROLL ACCOUNT DISTRIBUTION  
(Must Be Completed by the Department)**

FUND	ORGN	ACCT	PROG	DOLLAR AMOUNT

**RECOMMENDED FOR PAYMENT**

\*HR verifies grade meets requirement for reimbursement

\_\_\_\_\_  
DEPARTMENT HEAD/SUPERVISOR DATE

\_\_\_\_\_  
HUMAN RESOURCES\* DATE

\_\_\_\_\_  
DEAN/VICE PRES/HOSP ADMIN/COM DATE

\_\_\_\_\_  
PAYROLL OR ACCOUNTS PAYABLE DATE

\_\_\_\_\_  
REGISTRAR/RECORDS DATE