USW LOCAL 9231 & 9231-01 I/N TEK & I/N KOTE ICD Learning Center

**Tuition Assistance Program Book Reimbursement Application**

Please print or type your information

*(A separate application must be completed for each course taken)*

You must provide the following:

* Official grade from institution
* Completed book reimbursement application
* Signature of instructor or class syllabus nothing the required text
* Itemized receipt from the bookstore with the cost of the book circled & the name of the bookstore on the receipt

Application Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

University/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Name of Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **COURSE NAME/NUMBER** | **BOOK TITLE/AUTHOR** | **PRICE** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | *Total Price* | $ |
|  | *Tax* | $ |
|  | *Total Reimbursement* | $ |

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_

Instructor, your signature verifies that the book(s) listed above is/are the required text(s) for your course:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Instructor’s Signature Date

ICD Coordinator or LJC:

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

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**Guidelines for Tuition Assistance Program Book Reimbursement**

Participants eligible for the Tuition Assistance Program (TAP) may be reimbursed for the required texts of approved tuition assistance courses. Participants are required to provide accurate and timely documentation to the ICD Coordinator. This documentation must contain the following:

* **Proof of course completion i.e. grades, certificate, etc. must be submitted.**
* **The completed book reimbursement application**. This application must provide the name of the course, book title, author, and price of the book. The book reimbursement application must be validated by the instructor’s signature. If the instructor’s signature cannot be obtained, a class syllabus noting the required text will be accepted.
* **A receipt must be submitted for the book reimbursement.** This receipt must have the name of the bookstore listed as well as the cost of the book circled. An itemized receipt is preferred. At most bookstores, this receipt must be requested at the time of purchase. Unless otherwise indicated, Indiana tax rate will be paid on the cost of the book. For out of state purchases, the address of the bookstore must be on the receipt.

*Please allow two weeks to approve and process book reimbursements. Only required texts of approved courses may be reimbursed. (Suggested readings are not reimbursable.)*

Submission of false documentation will result in a review by the USW LOCAL 9231 & 9231-01 I/N TEK & I/N KOTE Local Joint Committee and may incur a twelve month probation from the Tuition Assistance Program and/or require return of payment to the ICD Learning Center.