

Tuition Assistance Request Form

Employee Name / Title:				Employment Cat / Activity					
I request tuition assistance for the following job related or career plan courses:									
Career Plan Courses:			Credit Hours	Attenda	Attendance Dates:				
						-			
							-		
					-				
University Name:									
University Address:									
Tuition:	Textbook:	Other E	xpense:	Total Amount:	Due Da	ue Date:			
Authorization to withhold applicable federal taxes on graduate courses as applicable to IRS limits:						Yes No			
In order to establish eligibility for the Tuition Assistance Program, I understand and agree that: I will remain employed as a CNIC NAF employee at JRM, NBG, or AAFB for at least three times the length of the course or courses or be subject to repayment. Upon completion of the course(s) on this request I will be obligated to remain employed until:						Date	:		
I further authorize Warfighter &Family Readiness (J9), JRM to withhold any final salary, leave or other pay due me to apply against or liquidate any indebtedness arising from violation of this agreement.									
I am not receiving any other Federal or State tuition subsidies such as Veterans Administration Education benefits, scholarships, or grants, etc., in whole or in part, where the payment would constitute a duplication of benefits for the course(s) described in the request.									
I understand that I must successfully complete the course(s) for which tuition assistance is approved. Successful completion requires a grade of "C" or better for undergraduate courses; a grade of "B" or better for graduate courses; and "satisfactory" for courses that have no letter grade. I hereby authorize the release of academic information (course grades, completion status) by the academic institution to the Region NAF HR, JRM. I further agree to provide a copy of the grade report to Region NAF HR, JRM within 30 days of completing each course.									
Employee Signatur	e:					Date:			
Immediate Supervisor Signature:						Date:			
Next Level Supervi	isor Signature:					Date:	1		
Installation Program Signature:	n Director					Date:			
Region J9 Approva	1:					Date:			
Region NAF HR Pr	rocessing:					Date:	_ 		