STAFF EDUCATIONAL BENEFIT APPLICATION

FOR EMPLOYEES WHO WORK AT LOCATIONS OUTSIDE OF THE AUSTIN AREA

In order to receive reimbursement under the Staff Educational Benefit, an eligible employee must complete the application below, attach a grade report showing completion of the eligible course(s) listed below for coverage by the benefit, and attach a fee bill for those same courses showing "paid".

To determine benefit eligibility for a specific semester go to https://utdirect.utexas.edu/pngio/ed_ben.WBX.

Within 60 days after completion of the course work, return all materials to UT Austin Student Accounts Receivable at campus mail code K5308 or by U.S. mail to:

Student Accounts Receivable Attn: Staff Educational Benefit P.O. Box 7398 Austin, TX 78713

Employee Signature

For information about the Staff Educational Benefit, including questions about eligibility and covered courses, visit the Human Resource Services web site at http://www.utexas.edu/hr/staff/edben.html or 512-471-4343. ______ Employee Name: ____ EID: Phone (including area code): You may apply the Staff Educational Benefit to any one eligible undergraduate or graduate level semester credit course regardless of the number of credit hours, or more than one semester credit course not to exceed a combined total of three credit hours. Dissertation courses and continuing education courses are not eligible for the benefit. Please complete the information below and indicate the course(s) to which you want the benefit applied: Semester (Fall or Spring/Year): _____ Amount of Enrollment Deposit, if any _____ Date paid: _ For reimbursement of enrollment deposit, enclose receipt showing "paid." If enrollment deposit was applied to the enclosed fee bill, please mark here: Course Title Course Number Credit Hours Undergraduate Course Y N Graduate Level Course \square N Course Title Course Number Credit Hours Y N Graduate Level Course \square N **Undergraduate Course** Y Course Title Course Number Credit Hours Undergraduate Course Y N Graduate Level Course \square N

Date _____