

# HARVARD UNIVERSITY TUITION ASSISTANCE PLAN

## NON-HARVARD COURSES

Section I

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Harvard ID #: \_\_\_\_\_ Department \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Hire/Appointment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Length of Service: \_\_\_\_\_  
 Employment Status (check one):  Exempt/Officer  Non-exempt/Support Staff  Hourly

The above employee has been a regular staff member for at least 6 months prior to the start of classes and works at least 17.5 hours per week on the regular payroll. Satisfactory arrangements must be made regarding time lost from work. All tuition requests must be submitted within 60 days after the course end date. If documentation is not submitted within that time, the request will be considered canceled and no money will be rendered.

Section II

I hereby certify that this request for reimbursement complies with the Harvard University Tuition Assistance Policy and will not be covered by any other plan of any employer or any other person. I further certify that this request will not be deducted on my personal federal and/or state income tax return for any year. My employer does not accept responsibility for direct payment to any individuals other than the employee. I have read and understand the information on this form.

Signature of Staff Member \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Immediate Supervisor \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Personnel Officer \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (see back for details)

Section III

1. (Check one)  Fall Semester  Spring Semester  Summer Semester Year \_\_\_\_\_  
 2. (Check one)  Undergraduate Credit  Graduate Credit  
 3. School/Program offering the course: \_\_\_\_\_  
 4. Course Title: \_\_\_\_\_ Credit Hours: \_\_\_\_\_  
 Course Begin Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Course End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 5. Why is this course job-related?  
 (1) Requested by Supervisor  (2) Pursuing Bachelor's Degree  (3) Pursuing M.L.S.  
 (4) Upgrade skills/knowledge necessary for current job  (5) Other: \_\_\_\_\_  
 6. Course Cost: \$ \_\_\_\_\_ (Tuition Only)  
 7. Grade: \_\_\_\_\_

Section IV

FOR CROSBY BENEFIT SYSTEMS USE:  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 25% excluded amount TAP Assistance (75% of Course Cost) Processed By \_\_\_\_\_

Fax to 617-928-0001  
 or Mail to Crosby Benefit Systems. P0 Box 920445, Needham, MA 02492

## TAP ELIGIBILITY FOR COURSES OUTSIDE OF HARVARD

TAP is available for courses outside of Harvard to support staff; administrative/professional staff; and teaching staff who:

1. work at least 17.5 hours per week;
2. are paid on the regular payroll; and
3. who have 6 months of service prior to the start of the course.

To be eligible for TAP coverage, a course must meet all three of the following criteria. The course must be:

1. taken at an accredited institution;
2. taken for academic credit and for a letter grade; and
3. job-related (unless it is an undergraduate course taken toward the completion of an associate's or bachelor's degree; Completion of an undergraduate degree is considered job-related regardless of subject matter).

### GUIDELINES FOR COMPLETING TUITION ASSISTANCE PLAN FORM

#### *NON-HARVARD COURSES*

Complete **one form for each course**.

The completed form must be submitted to Crosby Benefit Systems within 60 days of the end of the course to receive reimbursement. If you are unable to obtain the required information within the 60-day period, you must contact the TAP Office prior to the deadline.

Submit the following to Crosby: completed TAP form, copy of the grade (or a letter from the instructor with the grade), a copy of the course cost (bursar's bill or page from the catalogue) and a receipt showing the specific course was paid, to: Crosby Benefit Systems, P0 Box 920445, Needham, MA 02492. Tuition requests are processed semi-monthly. For completed requests submitted by the 15<sup>th</sup> of the month, checks will be issued by the last day of the month; for completed requests submitted by the last day, checks will be issued by the 15<sup>th</sup> of the following month. Note: Reimbursement checks will be mailed to your home address.

#### **SECTION I:**

- Harvard identification number: The 8-digit number on your Harvard ID card.
- Date of Hire: Enter the month, day and year of your initial hire or appointment at Harvard.
- Length of Service: Enter the number of years and months you have been employed by Harvard.
- Employment Status: Exempt Officer = Administrative/Professional staff member; Support Staff= non-exempt staff member paid semi-monthly; Hourly = non-exempt staff member paid weekly.

#### **SECTION II:**

To certify your employment and eligibility for TAP, you must sign the TAP form and obtain the signature of your immediate supervisor. Signature of your area personnel officer is required in all areas **except in VPA, Financial Administration, and FAS** (College Library does require the Personnel Officer's signature).

#### **SECTION III:**

1. Check the semester in which you are taking the course.
2. Check to indicate if you are registering for undergraduate or graduate credit.
3. List the school where you are taking the course.
4. Provide the complete course title and credit hours listed in the catalogue. Fill in the beginning and ending dates of the course.
5. Explain how it is job-related if it is for graduate credit. (If it is an undergraduate course taken toward the completion of an associate's or bachelor's degree, it is considered job-related regardless of the subject of the course.)
6. Enter the tuition for the course. Most staff are eligible to receive 75% of tuition for two courses up to 8 credits per semester, up to a maximum reimbursement of \$5,250 per calendar year (January 1 - December 31).