HUMBER

Tuition Reimbursement For Dependents Application Form

Please complete and submit this application to HR Total Rewards at totalrewards@humber.ca

Details below must be completed by the Full Time Registered Student
Note: Submit a separate form for each semester claimed.

Student Name: _____

Student #:_____ **SIN #:** _____ **(required for T4A)**

Address: _____ **(required for T4A)**

City: _____   Province: _____

Postal Code: _____

Phone #: _____

Email Address: _____

Date of Birth (dd/mm/yyyy): _____   Expected Semester of Graduation: _____

Name of Full Time Program: _____

Campus: _____   **Semester of Registration (e.g. Fall 2020):** _____

I certify that the above information is true and complete.
For the purpose of administering the Tuition Reimbursement for Dependent Program I authorize Humber College to share my registration status with the college employee named in this application.

Signature of Student: _____   **Date:** _____

Details below must be completed by the College Employee.

Name: _____

Employee Type: _____

Employee Humber Email Address: _____

Phone #: _____

Employee#: _____   **Semester for Benefit (e.g. Fall 2020):** _____

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Department/Faculty: _____   Campus: _____   College Extension#: _____

Registered Student's Relationship to You: _____

I certify that I am a full-time employee of the College and that the above student is a dependent of mine in accordance with the Income Tax Act. I also understand this benefit will be recorded as income to the above dependent and they will receive a T4A for the amount of the benefit in the year the benefit is distributed. I understand that if my employment ceases for any reason, I have no entitlement to any tuition reimbursement that is not already paid as of the last day on which I actually provide services for Humber, even if I am in receipt of payments in lieu of notice after my last day of actual work, except as required by (and then only to the minimum extent required by) the Employment Standards Act, 2000. Otherwise, I specifically agree that I will receive no tuition reimbursement over any period in lieu of notice in the event of termination of employment.

Employee signature: _____   Date: _____

Notes:

If approved, this reimbursement will be paid directly to the student through an e-transfer.

Deadline to submit for each semester is 1 week after last day to withdraw from a course without academic penalty.

Human Resources Office Use Only

Semester for Reimbursement:

Is College Employee Eligible for Benefit? _____   If no, list reasons and attach to this form.

Has the dependent received this benefit before? _____

Human Resources Signature: _____   Date:_____

Registrar's Office Use Only

Semester for Reimbursement:

Reimbursement Approved:

Refund Amount: tuition fees _____ - bursary/scholarship _____ = _____

Registrar's Office Signature: _____   Date: _____