

TUITION ASSISTANCE PROGRAM (TAP) - APPLICATION FORM



To complete this form, please first download a PDF copy of the form. Once downloaded, open the form using a PDF viewer such as Adobe Acrobat. Go through the form and fill out all the required information, then save a copy of the PDF somewhere easily accessible. Submit the completed form with all required documentation to oe@humber.ca.

a. Personal Information		
Name:	Employee ID #:	N Number:
Division:	Department:	
Campus:	Job Title:	
E-mail:	Phone:	
b. Employment Status		
Group 1 - Full Time <input type="checkbox"/> Administration <input type="checkbox"/> Support Staff <input type="checkbox"/> Academic	Group 2 - Part Time <input type="checkbox"/> Administration <input type="checkbox"/> Regular Part Time Support <input type="checkbox"/> Academic <input type="checkbox"/> Partial Load (Under Contract)	
c. Course/Program Information		
Name of Institution:		
Course Name and Code:		
Is this course/program contributing towards a Diploma, Degree, Doctorial Program, or Professional Certification? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide the Name of the Program:	
Start Date: (MM/DD/YY)	End Date: (MM/DD/YY)	Estimated Date of Program Completion: (MM/DD/YY)
Claim: Paid Date: _____ (MM/DD/YY)	\$ _____ Total Expense Amount (CDN\$):	\$ _____ Tuition Costs Claim Amount (CDN\$): Up to \$1000 (Group 1) or \$500 (Group 2)
TOTAL REIMBURSEMENT REQUESTED: \$ _____		
d. TAP Eligibility Requirements Employee Attestation (Check all that apply)		
<input type="checkbox"/> I confirm that I am not applying for a reimbursement for a course/program that is currently funded by another Humber program/award	<input type="checkbox"/> I am applying for reimbursement for a course/program taken within the current fiscal year (April 1st - March 31st)	
<input type="checkbox"/> I confirm that this course/program is an accredited program	Employee Signature _____	
d. TAP Eligibility Requirements Manager Attestation (Check all that apply)		
<input type="checkbox"/> I confirm that, as per the Professional Development Policy (dated - November 01, 2019), this application is eligible for professional development funding under the Tuition Assistance Program		
Dated: _____ (MM/DD/YY)	Signature: _____	
Name of Manager: _____ (Please Print)	Manager's Title: _____	
By signing above, we are stating that the information outlined above is accurate. We understand that a reimbursement is not guaranteed until all signatures have been obtained, and until official notice is received from the Organizational Effectiveness Department that a reimbursement is approved.		
e. Reimbursement Approval - For use by Organizational Effectiveness		
Supporting Documents Provided:	Employee is approved for a reimbursement as follows:	
<input type="checkbox"/> Course Outline	Group 1: FT (Admin, Support, Academic)	Group 2: PT (Admin, Academic, Partial Load Under Contract, Regular Part Time Support Staff)
<input type="checkbox"/> Proof of Payment	<input type="checkbox"/> \$1,000 or \$ _____	<input type="checkbox"/> \$500 or 50% \$ _____
<input type="checkbox"/> Proof of Successful Completion	With a balance of \$ _____	
<input type="checkbox"/> Accredited Program/Course	To be used within the _____ fiscal year	
Director OE Signature _____	Processed Date: _____ (MM/DD/YY)	