

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: <small>(MM/DD/YY)</small>	End Date: <small>(MM/DD/YY)</small>	Estimated Date of Program Completion: <small>(MM/DD/YY)</small>	
Claim:	Paid Date: _____ <small>(MM/DD/YY)</small>	\$ _____ Total Expense Amount (CDN\$):	\$ _____ Tuition Costs Claim Amount (CDN\$): <small>Up to \$1000 (Group 1) or \$500 (Group 2)</small>
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: _____ <small>(MM/DD/YY)</small>		Signature: _____	
Name of Manager: _____ <small>(Please Print)</small>		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		
Approving Manager Signature: _____		Processed Date: _____ <small>(MM/DD/YY)</small>	