

The Education Fund

Empowering potential.

SEIU-UHW & JOINT EMPLOYER EDUCATION FUND

REIMBURSEMENT REQUEST FORM

Please carefully read the reimbursement checklist for your program **BEFORE** you submit.

Be sure to keep a copy for your records.

Program Information (check one)		
<input type="checkbox"/> College Courses	<input type="checkbox"/> STEP CORE	
<input type="checkbox"/> Tuition Support	Apprenticeship	
<input type="checkbox"/> Job – To – Job	<input type="checkbox"/> Continuing Education	
<input type="checkbox"/> Other (fill in name)	<small>*Continuing Education includes: CEUs, License Renewals, Specialty Certs, AHA courses, and Membership Fees*</small>	
Student Information		
First Name:	Last Name:	
Mailing Address:	City:	State: Zip:
Email Address (personal):	Phone Number:	
Employee ID Number:	Employer / Facility:	
What is your current job title?	How many CE credits will you obtain? (CE applicants only)	
Social Security Number (Tuition Support and STEP CORE only)		
Date	Description	Amount
Total:		
<small>The financial assistance under this program falls within the IRS tax exempt limit of \$5,250 per year for all students, the Education Fund does not withhold federal, state or local taxes from your student reimbursement. A taxable event could occur if this benefit is used in conjunction with other tuition assistance programs. Please consult your tax professional for any tax questions.</small>		
I certify that all of the information supplied on this form is true and complete to the best of my knowledge.		
SIGNATURE:	PRINT NAME:	DATE:

PLEASE ALLOW 4 WEEKS PROCESSING TIME AFTER YOUR COMPLETED APPLICATION IS RECEIVED

You will receive a payment notification email from Concur after your reimbursement has been approved and processed.

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Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **SEIU UHW-West & Joint Employer Education Fund** to initiate automatic deposits to my account at the financial institution named below. I also authorize **SEIU UHW-West & Joint Employer Education Fund** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **SEIU UHW-West & Joint Employer Education Fund** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **SEIU UHW-West & Joint Employer Education Fund** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking
☐

Savings
☐

Attach a voided check or valid documentation from your banking institution that verifies the routing & account numbers.

Signature

Authorized Signature (Primary): _____ Date: _____

Print Name: _____ Date: _____

IF YOU DO NOT FILL OUT THIS FORM COMPLETELY & PROVIDE A VOIDED CHECK OR VALID BANK DOCUMENTATION, THEN YOU WILL RECEIVE A LIVE CHECK FOR YOUR REIMBURSEMENTS. THIS MAY DELAY YOUR PAYMENT PROCESSING TIME BY SEVERAL WEEKS.