

Turning Stone Enterprises

Turning Stone Resort & Casino
5218 Patrick Road
Verona, NY 13478
Phone: (315) 361-7501

Tuition Reimbursement Request Form

To be completed by Student:

Student Name: _____ **SS#:** _____

Address: _____

City **State** **Zip Code**

Course Title: _____ **Course Number:** _____

Educational Institution: _____

Address: _____

City **State** **Zip Code**

To be completed by Education Institution:

This student has applied for tuition reimbursement. Verified financial information is needed through your office before we can take action on this application. We would appreciate your assistance if you would complete and forward this form to the address below. Thank you.

Course Title:	
Course Number:	
Course Tuition Cost: (Do not include: admission, transfer, registration, and lab fees, or text books, etc.)	
Payment Sources:	
<input type="checkbox"/> Student Contribution	
<input type="checkbox"/> VA Benefits	
<input type="checkbox"/> Social Security Benefits	
<input type="checkbox"/> PELL Grants	
<input type="checkbox"/> SEOG	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
Total:	

Financial Aid Officer Signature: _____ Date: _____

Title: _____ Phone Number: _____

ATTN: People & Culture: Susan Torrell-Szarek
susan.torrell-szarek@turningstone.com, 315-336-9643

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Application for Tuition Reimbursement Form

Instructions:

- Please complete a separate "Application for Tuition Reimbursement Form" for each course of study.
- The Application for Tuition Reimbursement must be received prior to the start of class to be considered for reimbursement. Additionally, employees who wish to ensure eligibility prior to enrollment should submit their application no later than 30 days prior to starting the class. Your Department Director must sign the application.
- Department Director/Manager's recommendation must be submitted along with the application.
- It is the responsibility of the employee to provide documentation that the educational institution is appropriately accredited.
- Any questions should be directed to People & Culture (Susan Torrell-Szarek, 315-366-9643)

Name: _____		Date: _____
Enterprise: _____		Social Security #: _____
Department: _____	Position Title: _____	Date of full-time Employment: _____
Course Title: _____		Course Number: _____
Educational Institution: _____	Number of Credits: _____	Course Tuition Cost (only): _____
Course beginning date: _____		Course completion date: _____

Briefly describe how this course relates to your current position. Please also indicate if you are eligible for tuition assistance from any other source (i.e. scholarships, grants, VA benefits, etc.)

I certify that the above information is correct and I have read and understand all conditions of the Tuition Reimbursement Policy. I understand and agree that should I voluntarily terminate my employment for any reason within six months of course completion, I will reimburse the Turning Stone Enterprises for any and all tuition assistance monies received.

Team Member Signature

Date

Department Director Signature

Date

TO BE COMPLETED BY PEOPLE & CULTURE:

___ Course of study was approved for tuition reimbursement

___ Course of study was not approved for tuition reimbursement because:

___ Did not meet 1 year, full-time status

___ Unsatisfactory job performance

___ Unsatisfactory attendance

___ Course (please explain) _____

___ Educational Institution (please explain) _____

___ Other _____

VP, People Development & Engagement Signature

Date

People & Culture received date: _____

Team Member - copy

People & Culture - original