

# **EMPLOYER REIMBURSEMENT**

PLEASE READ THE **“STUDENT’S RESPONSIBILITIES”** BELOW,  
IF YOU WANT TO USE THIS FORM TO PAY ALL OR PART OF YOUR TUITION

1. **At the beginning of each semester, term or cohort, the student must:**
  - a. obtain an *Employer Reimbursement Form* from Midway College Business Office
  - b. fill out the form completely
  - c. have it signed by the employer and return it to the Midway Business Office

Only then will the anticipated payment by your employer be calculated into your account. Each course which you expect your employer to pay for must be listed on the form.

2. **When you complete the form, you will request an invoice from the Midway Business Office be sent to either you or your employer.**
3. **Upon receipt of your grade(s) for each class or set of classes, you must provide your employer with a copy of your grades:**
  - a. The grades should be attached to the invoice, if the invoice was sent to you.
  - b. If not, then your employer will already have the invoice, and you will need only to provide them with your grades.

Only then will your employer have everything it needs to pay your tuition.

**In the event that the employer does not cover the entire cost of a course, the student’s portion is due prior to the beginning of class.**

We allow 30 days after the grade is posted for a course, for the employer’s portion to be received by the college. After that time, the expected employer aid will be removed, and any amount not paid by then will be considered due from the student.

**Until the balance for the prior term is paid, a student will not be allowed to register for classes in the next term.**

**Midway College  
Business Office**

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512 East Stephens Street  
Midway, KY 40347-1120

**Phone Numbers**  
859-846-5411 | 859-846-5402

**Fax Number**  
859-846-5848

[Click here for ER Form \(pdf\)](#)

# Employer Reimbursement Form

Midway College Business Office  
512 East Stephens Street • Midway, KY • 40347  
Phone (859) 846-5402 • Fax (859) 846-5848

Date: \_\_\_\_\_

Major: \_\_\_\_\_

Term/Module Begins: \_\_\_\_\_

Term/Module Ends: \_\_\_\_\_

Student Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

**Special Reimbursement Instructions** (Please state any stipulations of reimbursement, i.e. percentage of tuition reimbursed, reimbursement based on grades, billing procedures, etc.)

\_\_\_\_\_  
\_\_\_\_\_

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## COURSES ELIGIBLE FOR REIMBURSEMENT BY EMPLOYER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BILLING INVOICE IS TO BE SENT TO THE**  **STUDENT OR**  **EMPLOYER**

I certify that the above named is eligible to participate in the Employer Reimbursement tuition assistance program as defined by our company policy, for the above listed courses.

**Authorized Signature of Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If for any reason I leave the company, I understand that I am fully responsible for notifying the School for Career Development in writing. I also understand that I am responsible for any outstanding balance on my account, and that all charges for each course are payable within two weeks of my receiving a grade for that course.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, authorize The Business Office at Midway College, Midway, Kentucky, to release any and all information necessary to my Employer, \_\_\_\_\_, for the purpose of obtaining payment from my Employer for classes I have completed at the College. The extent of the information provided will be determined by the requirements of my Employer's Tuition Reimbursement policy and will include but may not be limited to an itemization of the courses I have taken and the grades I earned in those courses.

\_\_\_\_\_  
Student/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date