

Tuition Reimbursement for dependents of Full Time Employees

Submit to Hannah Song x4023 in HR Services LRC 6033 North Campus

Date: _____

Employee Information

Employee Name: _____

SIN Number: _____

EE Campus: _____

Division/Dept: _____

Home Phone: _____

Work Ext: _____

Student Information

Has this student received this benefit previously? yes no

Student Name: _____

SIN Number: _____

Address: _____

Student Number: _____

City: _____

Home Phone: _____

Province: _____ Postal Code: _____

Relationship to Employee: _____

Date of Birth: _____

Program Name: _____

Semester of refund

(eg. Fall 2016): _____

Campus of Attendance: _____

Expected Semester of

Graduation (eg. Winter 2016): _____

I hereby certify that I am a full time employee of the College and that the above student is a dependent of mine in accordance with the Income Tax Act. I also understand this benefit will be recorded as income to the above dependent and they will receive a T4A for the amount of the benefit in the year the benefit is distributed.

Signature of Employee

Date

In order to receive your T4A and other HR Services documents, you must keep your address up to date by contacting HR Services at 416-675-6622 x4393.

Banking Information for Refund: Please attach a cheque with "VOID" written across it. Do not sign the cheque. If you do not have a VOID cheque, complete the information below.

Institution: _____ Name on Account: _____

Bank Address: _____

Branch No: _____ Inst No: _____ Account No: _____ Bank Phone: _____

For Office Use Only

Particulars		Initial & Date
Status Notes:		Benefits:
Refund Amount:		Benefits:
Refund Cheque Date:	Pay Run HC	Payroll:
<input type="checkbox"/> Pay Code 7509	<input type="checkbox"/> DSECDP	<input type="checkbox"/> Variable 7