



CTP TUITION ASSISTANCE REIMBURSEMENT CLAIM FORM

Eligible Former Employees Only

As part of Career Transition Program (CTP), impacted employees from DuPont and MECS may be eligible to receive tuition assistance following a reduction-in-force for up to \$5,000/ DuPont and \$3,000/ MECS, respectively. **Before starting any coursework, the employee should call the HR Direct Service Center (HRDSC) at (844) 387-6684 (DUPONTHR) to confirm eligibility, amounts, and receive the CTP Tuition Assistance Reimbursement Claim Form.** Once the coursework has been completed, employee will submit the completed claim form, certificate of complete, and copy of payment receipt as a scanned copy within 24 months of separation date by responding directly by calling the HRDSC and opening a new case.

Last Name		First Name		Personnel # or Employee ID		Phone Number	
Home Address				City, State		Zip Code	
Additional Information/ Comments					Related Case Numbers		
Registration Date	Educational Institution		Registration Fees		Exam Fees		Subtotal
Class End Date	Course Title	Grade	Tuition Expense		Book Expense		Course Subtotal
Class End Date	Course Title	Grade	Tuition Expense		Book Expense		Course Subtotal
					Claim Amount =		

The following items must be scanned and included with this form for consideration of payment:

- ✓ Itemized tuition statement showing tuition expenses.
- ✓ Book payment receipt showing purchase. Please indicate which course the book is for on the receipt if claim contains multiple courses.
- ✓ Certificate of completion or course results.
- ✓ Receipt or Proof of Payment.
- ✓ Note that account or charge card statements or cancelled checks will not be accepted.

I Agree

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Employee Agreement Statement
Read and check box at left to confirm

- I understand I am responsible for taxes on any amounts reimbursed above country tax limits (i.e. currently in US the IRS tax limit of \$5,250 per calendar year).
- I understand that if this submission does not include the required documentation, it will be returned to me until I provide all of the required documents.
- I verify that the above amounts reflect appropriate deduction for financial assistance, such as grants, a fellowship or scholarships covering tuition and book expense that I have received.

Employee Signature _____ Date _____