

EMPLOYEE & STUDENT DIRECT PAY REQUEST (ESDPR)

Students should not be paid for services using this form. Reference the [Student Payments Flowchart](#).

I. Payee Information Please complete all fields below

Date Prepared: 7/24/2019

Payee's Full Name	UNC Charlotte ID #	Employee or Student?
		Employee
Payee's Mailing Address	Payee's City/State/Zip	

Verify the payee's address via Banner page SOADDRQ. If incorrect, have the payee update this information in [Banner Self Service](#).

II. Payment Information - Defaults to direct deposit; otherwise select another option from the drop-down list & enter address type

Payment Distribution Method	Address Type
Direct Deposit	DD1

See the instructions tab.

III. Citizenship Status - Defaults to U.S. Citizen/Permanent RA; select the NRA button if this is the correct citizenship status

<input checked="" type="radio"/> Payee is a U.S. Citizen or a Permanent Resident Alien <input type="radio"/> Payee is a Nonresident Alien (NRA)	
If this payment is taxable 	Select "X" from the drop-down to gross payment up

Attach Gross Up Calculation Form
See "Related Links" tab

IV. Payment Type - Select the applicable payment type from the drop-down list

Reimbursement
Enter business justification:
Educational Assistance

V. Payment/Accounting Information

Check stub information <small>e.g., subscription name, membership name, student ID</small>	Index/Fund <small>6 digits</small>	Account <small>6 digits</small>	Amount
		919580	
Total payment			\$0.00

VI. Approval - Complete all preparer & authorized approver fields below (optional: secondary approver)

I have examined this expense request and certify that it is just and reasonable. Under penalties of perjury, I certify that this is a true and accurate statement of expenses incurred while in service of the State.

Preparer's Printed Name	Preparer's Signature	Date	Phone Number	Requesting College/Department
Authorized Approver's Printed Name	Authorized Approver's Signature	Date	Phone Number	
*Secondary Approver's Printed Name	*Secondary Approver's Signature	Date	Phone Number	

*Optional; include if additional dept./fund approval is needed or if the authorized approver listed above is not the custodian of the fund(s) listed above.

Financial Services Use Only APPROVAL/ROUTING	
1099 Type: Taxable fringe for: _____ Banner ID & Name Amount: _____	Additional approval required by:

UNC CHARLOTTE APPLICATION FOR TUITION REIMBURSEMENT

UNC Charlotte's Tuition Reimbursement Program (also known as "Academic Assistance") is supported by the [NC Office of Human Resources Academic Assistance program](#). For UNC Charlotte policy, process, and procedural information, click [here](#). The Academic Assistance Program is not an employee benefit, right or entitlement. It is a management program for workforce development and planning. Therefore, courses should be related to current job responsibilities or to the development of future skills/competencies for future use within the agency. Reimbursement includes tuition and other academic-related fees. (Dormitory, student union, athletic fees, student health service, cultural event fees, etc. are not reimbursable under this program.) Agencies and universities will make the final decision on the dollar amount that will be reimbursed. Reimbursement for courses taken at academic institutions outside the UNC system should not exceed the established academic assistance ceiling rates. Courses must be taken during your personal time, unless the courses are not available after working hours.

Instructions for the employee/student:

1. Carefully review the information above and discuss the course(s) in which you wish to enroll, with your supervisor, to determine eligibility and obtain budget approval for reimbursement.
2. Complete Sections 1 - 3 **prior** to attending the course.
3. Within 30 days of completing the course(s):
 - a. complete the Employee/Student Direct Pay Request (ESDPR) for Tuition Reimbursement on page 1,
 - b. gather receipts and course grades,
 - c. scan receipts and course grades and all three pages of this form to create a single PDF document, and
 - d. scan the document (item c above) into the [Imaging Document Submission Form](#).

SECTION 1: EMPLOYEE INFORMATION				
Last Name	First Name	Home Street Address	State	Zip Code
	@unccl.edu	704-687-		
Employee ID	Email address	Work Phone	Your Manager's Name	
			Yes	No
Division Name	Department Name	Your Position/Title	Are you a permanent status employee?	
Full Time	Part Time	Probationary	Temporary	
<i>Select your Employment Status from the options above.</i>				
SECTION 2: COURSE INFORMATION				
A/AS	BA/BS	MA/MS	Ph.D/Ed.D.	Other
<i>Select your degree program from the options above.</i>				
Major Field of Study	Certification	Licensure	Other	
<i>Enter the relevant course title in one of the fields above.</i>				
Name of Accredited Educational or Certifying Institution		Street Address	State	Zip Code
Course 1				
			Yes	No
Course Number	Course Title	Credit Hours	Does this course relate to current or future job skill needs?	
Course Delivery	Start Date	End Date	Start Time	End Time
Course Cost	Fees	Specify Fees	Total Cost	
Type of Course:				
Course 2				

			Yes	No
Course Number	Course Title	Credit Hours	Does this course relate to current or future job skill needs?	
Course Delivery	Start Date	End Date	Start Time	End Time
Course Cost	Fees	Specify Fees	Total Cost	
Type of Course:				
Course 3				
			Yes	No
Course Number	Course Title	Credit Hours	Does this course relate to current or future job skill needs?	
Course Delivery	Start Date	End Date	Start Time	End Time
Course Cost	Fees	Specify Fees	Total Cost	
Type of Course:				
SECTION 3: APPROVALS				
Employee Approval				
Are you eligible and registered for Selective Service (NCGS 143B-421.1)?			Yes	No
<p>My signature below certifies that the above is true to the best of my knowledge. I understand that reimbursement is conditional upon satisfactory course completion, availability of funds and that reimbursement may be subject to withholding and FICA taxes. I, hereby, will release my course attendance and grade records for all courses I am seeking reimbursement. All receipts and any other necessary documentation have been attached to show proof of payment for courses. I understand that cancelled checks are not acceptable as a receipt for course payment.</p>				
Employee Signature			Date	
Manager Approval				
		919850		
Number of courses approved	Amount to be reimbursed	Account Code	Cost/Funding Center	
<p>My signature below certifies the above information and all attached documentation have been reviewed, verified and are in compliance with the Academic Assistance Policy and procedures. I confirm that the course(s) is/are related to current or future job skill needs, and expenses have been reviewed and approved, by Budget, as reimbursable academic assistance expenses according to policy.</p>				
Manager Signature		Title	Date	