

Tuition Assistance Benefit for Reduction in Force (RIF) Plan

Applicant Information:				
First Name			Last Name	
Banner U ID			Separation Date	
Phone			Email Address	
Enrollment Information:				
I request to enroll in the following	course(s) offered a	at	 (Institution's name)	
Semester and Year			(institution's name)	
Department	Course #	Section #	Course Title	Credit Hours
Authorization:				
I have been fully admitted to the a defined by the RIF plan document			dge that I am familiar with the requirements	for eligibility as
maximum amount of this benefit is within 2 years from the employee' toward the payment of tuition and available for the Participant only,	s \$5,400* per year. s official date of se d mandatory fees o and this benefit is r nefits (including the	Classes taken un paration. The tuit nly. Books and no not transferable on e Staff Scholarship	State of Tennessee public higher education der this program must have a published first ion assistance program will provide funds to n-mandatory fees are not covered. Tuition at redeemable for the cash equivalent. The and PC-191) exceed \$5400 per year, the and	t day of class be used assistance is
Applicant's Signature			Date	
Human Resources Approval:				
Approval			Date	
Banner			Date	
Semester Cost: Cumulative cost for the year:				