Department of Administrative Services - State Personnel
Children of State Teammate Tuition Reimbursement Program



Reimbursement Request Form

Submit to: as.employeebenefits@nebraska.gov

<u>Teammate:</u>			
First Name	MI	Last Name	
Employee ID		Work Email	
Child of Teammate:			
First Name	MI	Last Name	
Date of Birth:	Student ID#	t Term	
☐ Validation of appro	ity Summary show oved program/Deg or 'C' or better gra	ving tuition breakdown by type of cost gree Audit ade. Final Grade report	
For DAS State Personnel Of	fice Use Only:		
Received// Teammate Verification of Emplo Processed by Co777-mments:7	oyment: Y / N	sement Eligible? Y / N Amount: Date//	