

BELHAVEN UNIVERSITY

Employer Reimbursement Form

Name: _____

Company: _____

Address: _____

Position: _____

Phone: _____ Fax: _____

Supervisor: _____

Degree desired: _____

Does your company currently have a reimbursement program? _____

Explain how your employer will financially contribute to your education at Belhaven University (reimbursement or up-front payments).

This form is for your benefit. It can be used to gather the necessary information for beginning the reimbursement process. See your Human Resource Department for your company's policies.