



Columbia College Calgary Family Member Tuition Reimbursement Form

Employee to complete the attached Form within 30 days of completion of course/program of Family Member
Submit the form to the Human Resources Dept. at Karen.Condon@columbia.ca

Date Submitted _____

Employee Name _____

Student Name (Family Member) _____

Student ID # _____

Program/Course Completed _____

Date of Completion _____

Tuition Paid Amount _____

Important Note:

Tuition will be refunded to the payer of the largest amount on the employee's behalf, which may include Canada Student Loans.

As per [CRA](#) the employee's family member will receive a T4A for the full amount of the reimbursement. If the family member meets certain criteria, they may not have to include the amount in income on their income tax and benefit return.

Employee Signature: _____

Date: _____

Student Signature: _____

Date: _____

To be completed by Human Resources and Accounting Dept:

Course/Program Completion Verification: **Yes / No**

Tuition Amount Received by Columbia: _____

Reimbursement Calculation (80% or 60%): _____

Prior Course/program reimbursement amount (if applicable): _____

Total Reimbursement Amount: _____

Approved by (Name) : _____ **Signature:** _____

Refund to: _____ *(CLS or payer of the largest amount)*

Processed Date: _____ **Chq#:** _____