



Student Accounting  
1 College Drive  
East Peoria, IL 61635-0001

## EMPLOYER TUITION BENEFIT VERIFICATION FORM

### Student Information (complete no earlier than 45 days prior to the start of classes)

Name (Last, First, M.I.)

ICC ID# ICC Student Email Address

Address

City, State, Zip Phone Number

Signature Date

### Employer Information (completed by employer no earlier than 45 days prior to the start of classes)

Employer Name

Address

City, State, Zip Phone Number

The student listed above is an employee of our organization and is entitled to tuition benefits upon completion of the course(s). I have indicated below how much in dollars or percentages that our organization will pay for tuition and fees.

Authorized Percentage	Payment Amount	Charge
		Tuition
		Fees

Completing this form does not make the employer responsible for payment; the student, not the employer, is responsible for payment. I certify the above name individual is employed by our organization as of this date and is eligible for the education benefit for tuition and fees which is reimbursed upon completion of the course and a grade issued.

Signature Title

Printed Name Date