



Tuition Reimbursement Policy Application For Active U.S. Employees

Employee Instructions

1. Pre-Approval: Complete application sections 1, 2-A and 3 and give to your supervisor to complete section 4-A Application Pre-Approval. The supervisor is responsible for obtaining the second-line supervisor approval or rejection. If approved, the form will be given back to you. Retain the form and register for class.
2. Final Reimbursement Approval: Upon each course completion and receipt of grade, complete section 2-B and give to your supervisor to complete section 4-A Final Reimbursement Approval. **Reimbursement request must be submitted to HR Connections, 4 AB or HR Connections, PO Box 2400, Bartlesville, OK, 74003-6670 within 60 days of completion of each course.**

1. Personal Information

Name – First, Middle Initial, Last	Employee ID Number
Mailing Address – Street, City, State & ZIP Code	
Work City	Work Telephone

2-A. Course Information

Educational Institution		Major (Field of study)		Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pursuing a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree program <input type="checkbox"/> Associate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> JD <input type="checkbox"/> Non-Degree Related Course	Does this course directly relate to your current job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this course prepare you for a new profession? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Course Information				
Course Title 1.	Course Title 2.	Course Title 3.	Course Title 4.	
Estimated Cost				
Tuition	Other Fees	Other Source Payment ()	Net Cost to You	90% of Net Cost

2-B. Reimbursement Request (complete at course conclusion)

Grade 1.	Grade 2.	Grade 3.	Grade 4.
Class Start Date 1.	Class Start Date 2.	Class Start Date 3.	Class Start Date 4.
Class End Date 1.	Class End Date 2.	Class End Date 3.	Class End Date 4.
Actual Cost			
Tuition	Other Fees	Other Source Payment ()	90% of Net Cost
Remember: Please attach necessary documentation of grade transcript and itemized statement of tuition and fees.			
<input type="checkbox"/> Any amount shown as "other fees" must be supported by an itemized receipt. <input type="checkbox"/> Cancelled checks are not accepted as receipts.			

3. Employee Signature

I agree that I will not deduct on my income tax return any portion of the non-taxable expense that is reimbursed by Phillips 66.	
Signature X	Date

4-A. Application & Reimbursement Approvals

Application Pre-Approval	
Supervisor Name & Signature	Date of Pre-Approval
2 nd Line Supervisor Name & Signature	Date of Pre-Approval
Final Reimbursement Approval	
Supervisor Name & Signature	Date of Final Approval
2 nd Line Supervisor Name & Signature	Date of Final Approval

4-B. For Advanced Degree Use Only – Attach documented Phillips 66 Executive Leadership Team approval on initial application submission

Approval by Phillips 66 Executive Leadership Team Member Name	Date of Approval
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