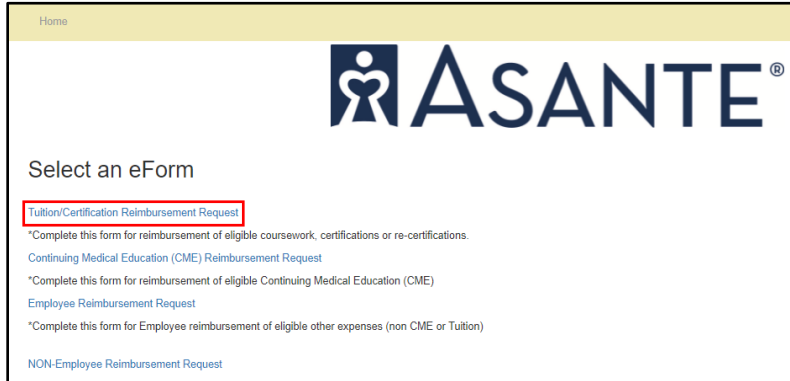
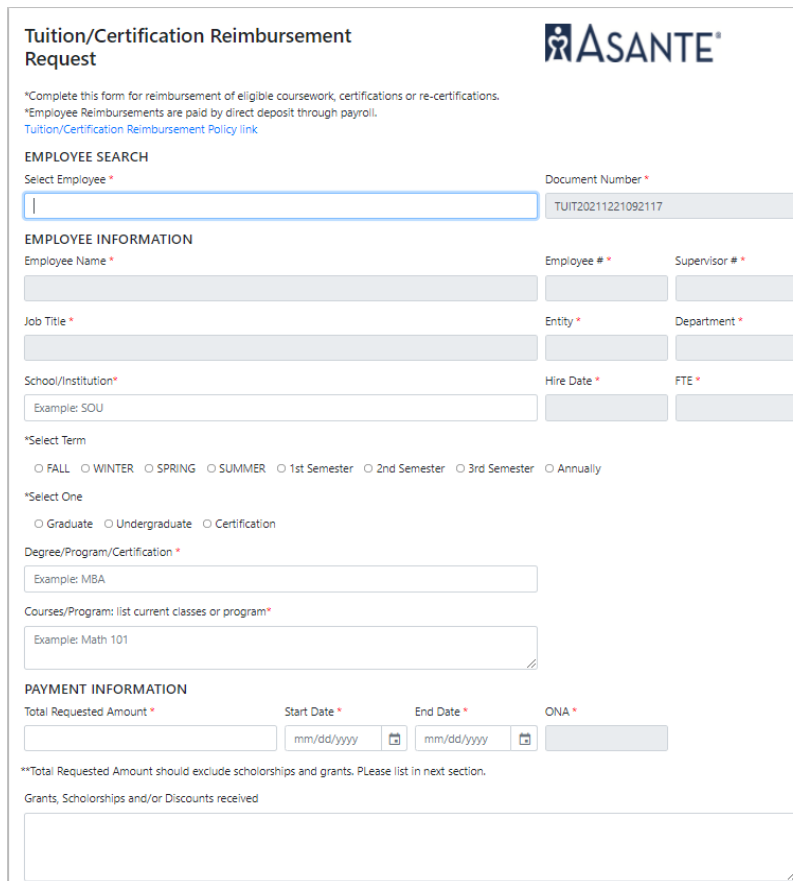


The Reimbursement Request Process:

1. To begin the Tuition Reimbursement Request process, follow this link:
<https://eforms.ahs.asante.org/>.
2. Select the link for Tuition/Certification Reimbursement Request.



3. Enter your employee ID or last name into the “Select Employee” field. Your information will then populate into the grey fields. Proceed by filling out the empty fields with an asterisk (*). Make sure to select the term, semester or that it’s annually and whether it’s a Graduate, Undergraduate or Certification.



The screenshot shows the 'Tuition/Certification Reimbursement Request' form. The form is titled 'Tuition/Certification Reimbursement Request' and features the ASANTE logo. It includes several sections:

- EMPLOYEE SEARCH:** A text input field for 'Select Employee *' and a 'Document Number *' field with the value 'TUIT20211221092117'.
- EMPLOYEE INFORMATION:** Fields for 'Employee Name *', 'Employee # *', 'Supervisor # *', 'Job Title *', 'Entity *', and 'Department *'.
- School/Institution*:** A text input field with the example 'SOU'.
- Hire Date*:** A date input field.
- FTE*:** A text input field.
- *Select Term:** Radio buttons for 'FALL', 'WINTER', 'SPRING', 'SUMMER', '1st Semester', '2nd Semester', '3rd Semester', and 'Annually'.
- *Select One:** Radio buttons for 'Graduate', 'Undergraduate', and 'Certification'.
- Degree/Program/Certification*:** A text input field with the example 'MBA'.
- Courses/Program: list current classes or program*:** A text input field with the example 'Math 101'.
- PAYMENT INFORMATION:** Fields for 'Total Requested Amount *', 'Start Date *' (with a date picker), 'End Date *' (with a date picker), and 'ONA *'.

At the bottom, there is a note: '**Total Requested Amount should exclude scholarships and grants. Please list in next section. Grants, Scholarships and/or Discounts received' followed by a large text area for input.

- Take the amount that you entered in the “Total Requested Amount” and enter it into the correct “Amount” field based on whether you are union or not.

Total Amount Received

SUMMARY ACCOUNT DISTRIBUTION

*Please enter amount in the appropriate section. Total GL distribution must equal requested amount.

Description	Amount *	Company	AU	Acct	Sub#
NON-UNION		4000	83000	669801	0
UNION		4000	83000	669802	0
HIGH POTENTIAL		4000	83000	669803	0
SPECIAL PROGRAM		4000	83000	669804	0
TOTAL GL DISTRIBUTIONS:	\$0.00				

* I certify to the best of my knowledge that any payment requests on this form meet the eligibility and compliance requirements of the organization. Typing my name in the signature field below indicates my signature on this submission.

Requestor Signature * Date Signed

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- Click the check box next to the “I certify” statement.
- Click the blue “Submit” button.
 - *If nothing happens, there is most likely an error or something missing on the screen. Please scroll back up and locate the error. Make sure that the two amount fields match and that no information is missing.
- Once submitted, a screen will appear allowing you to input your email address to receive a copy of the form.

Submission

Form submitted successfully.

Enter an email address to receive a copy of the submitted eForm. Use a semicolon between email addresses to send a copy to multiple recipients.

- Once you’ve entered your email, click Email or Cancel to bypass the email and complete your form submission.
- Once the request is processed, you will receive an email from APAdmin@asante.org with a link to the MHC portal. Save this email for when you’ve completed the courses and are ready to submit documentation.