

Tuition Assistance Benefit (TAB) Appeal Form

Explanation of Appeal Form

Instructions

The Appeals Committee will use this form to review your request and either approve or deny the late submission appeal. Complete this form with details and facts relevant to your request. Please attach any supporting documents you may have with this form.

Employee Information

Date: _____ Ticket # (if known): _____

Employee ID Number – **REQUIRED** _____ Student ID Number _____

Name (Last) _____ (First) _____ (Middle Initial) _____

Campus of Employment _____ Campus of Registration _____

Personal Telephone _____ Email Address _____

If appealing on behalf of your dependent, please complete the corresponding section.

Dependent Information

Student ID Number - **REQUIRED** _____ Campus of Registration _____

Name (Last) _____ (First) _____ (Middle Initial) _____

What extenuating circumstances led to the need for this appeal?

Signature: _____ Date: _____

How to Return Your Explanation of Appeal Form

ELECTONICALLY

If you are ready to submit your form, click on the submit button.

BY MAIL

Make a copy for your records and send the original to:
University of Colorado
Employee Services
1800 Grant Street, Suite 400
Denver, Colorado 80203

BY FAX (secured)

303-860-4299

Keep a copy of the fax transmission report with your form for your records.