University of Rochester
Tuition Benefits Plan

TUITION BENEFITS SERVICE CREDIT FORM

At the University of Rochester, the service requirement for the tuition benefits plan may be met by service at another college, university or U of R affiliated teaching hospital, as well as service at a member of the controlled group* of the University that offered a tuition benefit plan for which the faculty or staff member was eligible. To receive credit for such prior service, please complete the following and return to the Office of Human Resources (Box 278955) as soon as possible.

Name ___________________________________  Employee I.D. #: __________________________

I hereby certify that I was previously employed by the following college(s), university(s), U of R affiliated teaching hospital(s) or member of the University’s controlled group* where I was eligible for a tuition benefit plan which covered (check all that apply):

___________ Myself

___________ Dependent Children

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Dates of Service</th>
<th>Type of Service</th>
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<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
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<td></td>
<td>(Full-time or Part-time)</td>
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_________________________  ____________
Signature of Employee       Date

NOTE: Forms must be received no later than 30 days after the start of the course

*Members of the controlled group of the University of Rochester include: Highland Hospital, Highlands at Brighton, Highlands at Pittsford, Highlands Living Center, Visiting Nurse Service (VNS), Visiting Nurse Signature Care and High Tech Rochester.