

Tuition Reimbursement Request

Section I

Employee Name		Date of Hire						
Title	Department/Division		Telephone Number					
College or University Name								
Degree Program: <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree								
I request tuition reimbursement for the following course(s) as per the Tuition Reimbursement Policy or applicable Collective Bargaining Agreement.								
Credit Hours	Course Title <i>*Attach full course description(s)</i>	Course Start Date	Course End Date	Tuition Cost				
Subtotal								
Book Fees (Collective Bargaining Agreement only)								
TOTAL REQUESTED FOR REIMBURSEMENT								
<input type="checkbox"/> I am <input type="checkbox"/> I am not receiving other financial aid. <i>(Must provide financial aid statement with all requests)</i>								
Employee Statement of course degree program relevance (you may attach additional pages)								
<p>I understand that if approved, I must satisfactorily complete the courses(s) with a grade of "B" or higher for undergraduate and graduate courses I must present a valid receipt for payment to receive reimbursement. I am required to provide a complete copy of my financial aid statement with each submission for approval and reimbursement for courses.</p> <p>In accordance with the Human Resources Rules and Regulations and Tuition Reimbursement Policy, I understand that in the event I leave the City's employment after receiving a tuition reimbursement for any approved course, I will be required to refund to the City a pro-rated amount of the reimbursement. Such refund will be computed from the date the reimbursement is received by the employee based on the following sliding scale:</p> <table style="margin-left: 40px; border: none;"><tr><td>Within one year:</td><td style="text-align: right;">100%</td></tr><tr><td>More than one year, less than two years:</td><td style="text-align: right;">50%</td></tr></table>					Within one year:	100%	More than one year, less than two years:	50%
Within one year:	100%							
More than one year, less than two years:	50%							
Employee's signature: _____ Date: _____								

Division Manager/Department Director

Written Recommendation <input type="checkbox"/> (You may attach a separate statement)	
Division Manager - Please enter a description of your recommendation:	
Department Director Signature: _____	Date: _____

Human Resources

Approval

Denial

Signature of Human Resources Representative: _____ **Date:** _____

HR Comments:

Section II

Request for Reimbursement

I hereby request reimbursement for the above classes. Attached are the relevant grades and receipt(s).

**Requests for reimbursement must be completed within (60) calendar days after the course completion date.
60 Calendar Day deadline _____*

Receipt for tuition attached

Final Grade(s) **You must attach satisfactory completion of course(s) to include final grade(s)*

Course 1 _____

Course 2 _____

Course 3 _____

Financial Aid Statement attached

Check request form attached

HR Representative Approval to Pay _____ **Name** _____ **Date** _____

Reimbursement Amount to Employee \$ _____

Date to Accounts Payable _____