

Tuition Reimbursement Application

This application must be approved PRIOR to the course start date

TEAMMATE INFORMATION						
<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER					YEAR:	
NAME:			EMPLOYEE NUMBER:			
JOB TITLE:			PHONE:			
AGENCY:			DIVISION:			
SUPERVISOR:			ADMINISTRATOR:			
COURSE INFORMATION						
SCHOOL:						
List course(s) you are requesting reimbursement for. Course descriptions for each course must be submitted with application.						
Course #	Course Title	Start Date	End Date	# Credit Hours	Cost per Credit	Total Tuition
Explain how course(s) relates to work or career advancement (be specific).						
UNDERGRADUATE DEGREE: <input type="checkbox"/>			GRADUATE DEGREE: <input type="checkbox"/>			
MAJOR OR CERTIFICATE:						
I will be receiving other education reimbursements through other government programs for the course(s) listed above: NO <input type="checkbox"/> YES <input type="checkbox"/> List type of assistance and amount:						
I hereby apply for reimbursement in accordance with the established Tuition Reimbursement Policy. I have read the policy and understand and agree to comply with its provisions. I also certify that the information above is correct. It is my intent, at this time, to remain in the employment of my current agency for at least one year following completion of approved course work. In the event that I leave the employment with my current agency within this one-year period, I agree to repay my agency the reimbursed funds applicable to course(s) completed during such period, as outlined in the Tuition Reimbursement Policy.						
Teammate Signature: _____			Date: _____			
APPROVALS						
APPROVED: <input type="checkbox"/> Amount: _____			DENIED: <input type="checkbox"/>			
Division Administrator Signature: _____			Date: _____			
Agency Head Signature: _____			Date: _____			