



TUITION REIMBURSEMENT REQUEST APPROVAL FORM:

Instructions:

- Complete the application and attach descriptive information regarding the course(s) or degree program you wish to enter.
- Meet with your department manager to discuss your educational assistance request. If it is agreed that your request meets policy guidelines and budgetary restrictions, the manager will grant preliminary approval.
- Submit the original, signed form to the human resources (HR) department for review.
- Upon completion of the course, submit a copy of your grade report to the HR department.
- If the course was successfully completed your tuition will be reimbursed to you.
- **Completion of a degree does not guarantee a promotion or salary increase.**

Tuition reimbursement application

Date: _____

Employee name: _____

Department: _____ Job title: _____

Course title: _____

Course dates: _____ to _____

Degree sought (if applicable): _____

Name of institution: _____

Address of institution: _____

Course Expenses:

Tuition: \$ _____

Fees \$ _____

Books/materials \$ _____

Total cost \$ _____

Development objective (what long-term goal is this program/course intended to help you reach):



If seeking a degree program, please attach a brief outline of the courses included in the program from the college catalog or program brochure (necessary for initial request only).

I understand that if this request is approved, reimbursement will be contingent upon successful completion (a grade of B or better) of each course and submission of all receipts and paid bills. I further understand that failure to successfully complete any course(s) will result in no reimbursement of tuition.

Employee Signature

Date

APPROVAL

Approved Not approved

Reason: _____

Does this application meet the established guidelines of the educational assistance program policy? Yes No Was this expense included in the department budget?

Yes No

Department manager signature

Date



HUMAN RESOURCE DEPARTMENT APPROVAL

This request is Approved Not approved

Reason (if not approved): _____

Human resources manager signature

Date
