



**TUITION REIMBURSEMENT PROGRAM
COURSE APPLICATION FOR APPROVAL**

EMPLOYEE: _____ ID# _____

POSITION: _____ DEPARTMENT: _____

Name and Address of College/University: _____

Name of Course: _____ Dates: _____ until _____

Are you enrolled in a degree program: Yes ___ No ___ If yes, what degree? _____

Estimated costs: Tuition: _____ Fees: _____

CERTIFICATION OF EMPLOYEE:

I certify:

- That I have fully read and understand the City’s Tuition Reimbursement Policy and hereby agree to abide by all conditions contained therein.
- That other education funds are not available to me through other sources which would duplicate the reimbursement offered by the City;
- That should I receive duplicated funds from other sources, I will repay the City the entire amount of the duplicated aid;
- If approved, I understand that following the course; I need submit a request for reimbursement with an official transcript.

I understand that I must reimburse the City if employment is terminated within two years of completing this course.

Employee Signature _____ Date _____

The City reserves the right to approve or deny tuition reimbursement as outlined it is policy.

REQUIRED SIGNATURES FOR APPROVAL:

Department Head _____ Date _____

City Manager _____ Date _____

Received by Human Resources: _____ Date: _____



**TUITION REIMBURSEMENT PROGRAM
REIMBURSEMENT FORM
FOR PRIOR APPROVED COURSEWORK**

EMPLOYEE: _____ ID# _____

POSITION: _____ DEPARTMENT: _____

Course Title and Number: _____ Completion Date: _____ Grade: _____

1. _____

2. _____

Please attach a copy of your final grades and receipts showing cost of course.

Fees Paid: Tuition: _____

Fees: _____

Total: _____

Employee Signature

Date

Department/Director Signature

Date

City Manager

Date

For Office Use Only:

Date Received by Human Resources: _____
(Copy placed in personnel file)

Forwarded to Accounts Payable: _____