



TUITION REIMBURSEMENT REQUEST

Date _____

Employee Name _____

Position _____

Institution _____ Course of Study _____

Course Number _____ Course Name _____

Semester Hrs. _____ Cost/Semester Hr. _____ Total Cost _____

Course Beginning Date _____ Course Ending Date _____

Course Description _____

APPROVAL:

Yes _____

No _____

Department Director

Yes _____

No _____

Authorized Employer Representative

Note:
The maximum allowable tuition reimbursement payment per employee is \$1500 per calendar year effective 1-1-10. Employee must be active & on the job to receive tuition reimbursement.