



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_____

Authorized Employer Representative

Note: The calendar year/lifetime caps for tuition reimbursement is effective January 1, 2009 and is not applied retroactively.

The maximum allowable tuition reimbursement payment per employee is \$2,000 per calendar year with a \$5,000 lifetime maximum reimbursement.

Forms\Tuition Reimbursement SEC

Revised: 9/09