

TUITION REIMBURSEMENT REQUEST

	Date	
Employee Name	oloyee 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		
applied retroactively.	aps for tuition reimbursement is effec nbursement payment per employee is \$ ement.	·
Forms\Tuition Reimbursement SEC Revised: 9/09		