



## 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.