{insert business logo here}

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| **{Insert business name here}****Tuition Reimbursement Request Form** |
| **Employee Name:** | Date: |
| **Department:** | Job Title:  |
| **Name of School:** | Proposed Course is (check all that apply): Undergraduate Course/Credit Graduate Course/Credit  |
| **Course Title Course Number** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Credit Hours Tuition & Fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Course Dates****From: To:**  | Are Course(s) for Credit Leading to a Degree? Yes No |
| **Name of Diploma/Degree:**  | Major Field of Study:  |
| **ATTACH supporting documentation addressing the following questions and any other comments:****1. How does the proposed course of study relate to your job assignment/position duties?****2. How will the course-provided knowledge/techniques improve your performance and be useful for your position?****3. If the course meets during your normal work hours how will your work schedule be adapted?** |
| **I have read and understand the Tuition Reimbursement Policy and agree to the terms of the policy.****Employee Signature: Date:**  |
| **REVIEW AND SIGNATURES:** * **Employee Supervisor will review, sign off and forward to Human Resources, even if NOT approved.**
* **If approved Administration will send copy to employee. Human Resources will also e-mail notice of approval to the employee and employee’s supervisor.**
* **If NOT approved Human Resources will inform both parties of the decision.**
 |
| **Human Resources Signature: Date:****Approved Denied If denied, state reason:**  |
| **Office Use Only:** **Required signatures** **Copy of tuition bill** **Copy of class schedule** **Course justification** **Reimbursement made to employee** |  |