

Tuition Reimbursement Application

Employee Information:

Name _____ Employee ID# _____ Hire Date _____

Home Mailing Address _____ Phone _____

SOV Email Address _____ Bargaining Unit _____

Department _____ Supervisor's Name _____

Please explain why you believe this course(s) is job/career related. (attach another sheet if necessary)

Academic Information:

School _____ Address of School _____

Contact name/number _____ Website _____

Educational Goal: Associates Bachelors Masters Doctorate Additional Training

Course #1: _____ Start/End dates _____ # of credits _____

Course #2: _____ Start/End dates _____ # of credits _____

Field of Study/Major: _____ Job Related _____ (Y/N)

Tuition Cost Per Credit \$ _____ Type of payment: Prepay direct to school _____ Reimburse employee _____
(Tuition only, do not include books or fees.)

Will you receive any Grants, Scholarships or VA Benefits to assist you with tuition? _____ (Y/N) If yes, please provide the amount and supporting documentation. \$ _____. (Do not include loans)

Applicant's Department Section:

- Amount employee's Department is reimbursing (if -0-, please enter -0-): \$ _____ or _____ %
- Has employee completed original probation? _____ (Y/N) If no, the employee is not eligible to apply.
- Is the course above required for employment? _____ (Y/N) If yes, the employee's Department is responsible for payment.
- Is this course related to the employee's current job function? _____ (Y/N) Provide additional comments regarding this question if you feel necessary.

Signature of Approval (Appointing Authority or Designee) _____ Date _____

Print Name of Appointing Authority or Designee _____