

REQUEST FOR TUITION REIMBURSEMENT

Complete and forward this form to the Office of Human Resources by August 15 for Fall semester, January 15 for Spring semester, or May 15 for Summer semester (or mini-semester)

with an official Statement of Charges. with an official Statement of Charges.

Employee Name				Colleague ID		Employment Category		
Institution offering course(s)			Academic Term and Year					
Anticipated program completion date					Total program hours Hours compl			pleted
On a semester-by-semester applicants, or if the budget								l eligible
Coursework								
Course Number Course Title						Semester Hours	\$ Tuition Cost	
I understand that I will forfeit	my tuition re	imbursement	if I do not					
receive the required grade point I terminate employment or (grade distribution) of the cou	nt average or am terminated	higher for ea	ch course, or	•				
				Employee S	Signature		Date	
					8			
		This section	n to be cor	npleted by l	Human Re	sources		
Recommend request be approved: YES NO				Approval of Recommendation				
HR Representative Signature Date				Chief Human Resources Officer Signature Date			Date	
POS	T COMPLI	ETION OF	COURSE	s) - REIMR	URSEME	NT AUTHORIZATIO	)N	
The above employee completed the course(s) listed above, maintained the required GPA for the course(s) and is entitled to receive tution reimbursement in the amount of:						nan Resources Officer S		Date