



Request for Tuition Reimbursement

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE			
Employee Name:		Employee ID:	
Course Code/Title :			
# of Credits:		Course Start/End Dates:	
Requested Amt. to be Reimbursed:			
Did you receive tuition funds from any other source?	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	
If YES, list source:		Amount \$:	
If YES, list source:		Amount \$:	
I understand and agree to the terms set forth by the Tuition Reimbursement Policy. I have attached my invoice and grades as supporting documentation.			
Employee Signature:		Date Submitted:	
THIS SECTION TO BE COMPLETED BY THE OFFICE OF HR			
Previous Amt. Reimbursed for Current FY:		Remaining Balance Available for FY: (not to exceed \$5,000/FY)	
Total Amt. Previously Reimbursed (total lifetime not to exceed \$10,000):			
Comments:			
Documentation Provided?	<input type="checkbox"/> Grade Report (grade of B or higher/score of pass)	<input type="checkbox"/> Invoice for Tuition	
Date Reviewed:		Reviewed by:	
Signature:			
THIS SECTION TO BE COMPLETED BY THE PRESIDENT			
This request is	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Reason (if disapproved)			
President Signature		Date	

**Return this form to the Office of Human Resources for processing