

APPLICATION FOR DEGREE PLAN APPROVAL



Step 1: Tuition Reimbursement

PROCEDURE:

- 1. EMPLOYEE: completes form, attaches required documents, and submits form to the Department Director.
2. DEPARTMENT DIRECTOR: reviews, makes a recommendation, and submits form to the HR Department.
3. HR DEPARTMENT: reviews for completion, fund availability, and forwards form to City Manager's Office.
4. CITY MANAGER: reviews, makes a decision, sends original to HR Department, and copy to the employee.

Name: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Degree Plan Sought: \_\_\_\_\_

Semester/Year Course(s) to Commence: \_\_\_\_\_

Please state how the degree sought meets the objectives of the Tuition Reimbursement Program:

Three horizontal lines for providing details on how the degree meets program objectives.

A copy of degree plan must be attached to this request

Are you eligible for or will you be receiving any other financial assistance for your education? Yes / No
Employees receiving tuition assistance from a source that does not require repayment (Veteran's benefits, grants, scholarships, etc.) are required to submit reimbursement requests for the balance of the tuition covered by the alternate source.

The City of Stephenville has the right to audit the employee's educational and financial records that may be contained in the employee's records at the institution attended. Any right that the employee may have pursuant to the Family Education Rights and Privacy Act of 1974, or any similar act, are waived by acceptance of tuition reimbursement. By signing this application, I acknowledge that I am familiar with the requirements for tuition reimbursement pursuant to the City's Personnel Policy and agree to abide by those requirements.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DEPARTMENT DIRECTOR ACTION

Recommend reimbursement

Do not recommend this application for tuition

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CITY MANAGEMENT ACTION

Approved

Disapproved

City Manager Signature: \_\_\_\_\_