



ENTREIMBURSEMENT REQUEST

Step 4: TUITION REIMBURSEMENT

To be completed at END of semester.

Name: _____ Department: _____

Title: _____

Name of College or University: _____

Semester course(s) taken:

| Course Title(s) | Tuition Cost | Textbook Cost |
|-----------------|--------------|---------------|
|-----------------|--------------|---------------|

1. _____

2. _____

3. _____

Approximate Cost: Tuition \$ _____ Books \$ _____

Did you receive funds from any other source for payment of tuition/textbooks? 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 not covered by the alternate source.

By signing this request form, I certify that this tuition reimbursement request is a true and accurate statement of my enrollment, course completion, grade, and tuition/ textbook expense. I am hereby requesting reimbursement pursuant the city's personnel policy.

Employee Signature

Date

Human Resources Director

Date