

BASIC INFORMATION

Team Member Name _____ Date of Hire _____

Team Member Address _____

Location & Department Code _____ - _____ - 682- 61610-00000 Position _____

Full-Time or Part-Time (P.R.N. ineligible) _____ Manager Name _____

Tuition Reimbursement Consideration Request

Name of Education Institution _____

Degree/Program _____

Program/Course Start & End Date _____

Estimated Cost Per Course (Tuition and Books) _____

Estimated Total Program Cost _____

Notes _____

Team Member: _____ VPCOED: _____

Request Date

Approval Date

Manager: _____ HR: _____

Approval Date

Approval Date

Tuition Reimbursement Application

Tuition or Book?	Course/Book Title	Course Dates	Amount Paid	Final Grade

Total Tuition Request Amount _____ Total Book Request Amount _____ Total Request Amount _____

*Receipts for each item and documentation of final grades must be attached along with a signed and completed **Employee Expense Reimbursement Form**. Additional requests can be documented on an additional form.

Acknowledgements & Signatures:

By signing below, I acknowledge the amount I am requesting for Tuition Reimbursement has not been paid by any other source and I understand the conditions of the Tuition Reimbursement policy including the Employment and Payback Agreement

RELATED RESOURCES: *POLICY: Tuition Reimbursement; Employee Expense Reimbursement Form; POLICY: Professional Certifications and Licenses Reimbursement; PROCESS: Tuition Reimbursement*

Team Member: _____ VPCOED: _____

Date Submitted

Approval Date

Manager: _____ HR: _____

Approval Date

Approval Date