**Request for Approval of Courses**

**Employee Tuition Reimbursement Program**

* **All requests for Tuition Reimbursement must be submitted to the Human Resources Department to obtain approval in advance of attending the course.**
* **Fill in all requested information in the boxes provided.**
* **Print form and submit with required documentation to your department for approval.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name:** | | | | |  | | | | | | | | | | | | | | | | | | **ID #:** | | | |  |
| **Job Title:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Department:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Work Schedule:** | | | | | Days: | | | | | |  | | | | | | | | Hours: | | | | | | |  | |
| **Degree Program?** | | | | | | | Yes | | | | | | | | No | | If yes, specify: | | |  | | | | | | | |
| **Anticipated Graduation Date:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **\*\*Course Title(s):** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Educational Institution:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Location:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Class Schedule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Day(s):** |  | | | | | | | | | | | | | | | | | **Time(s):** | | | | |  | | | | |
| **Session Begin Date:** | | | | | | | |  | | | | | | | | **Session End Date:** | | | | | | |  | | | | |
| **Cost of Class(es):** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Cost of Books & Misc. Fees** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **This course relates to my job in the following way(s). (Please describe in the space provided below.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***I understand and agree that if this course is approved, I must provide proof of receiving a grade of “C” or better to receive reimbursement according to the provisions of the applicable MOU or Profile.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Employee Signature | | | | | | | | | | | | | | | | | | | | | Date | | | | | | |
| **Department Recommendation** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended** | | | | | | | | | |  | | | | | | | | | | | | | | |  | | |
| **Not Recommended** | | | | | | | | | | **Department Director Signature Date** | | | | | | | | | | | | | | | | | |
| ***Human Resources Department Use Only*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Bargaining Unit** | | | | | | | | |  | | | | | | | | **MOU Limit per Year** | | | | | | |  | | | |
| **Calendar Year** | | |  | | | | | | | | | | | | | | **Balance Available** | | | | |  | | | | | |
| **Approved** | | | | **Not Approved** | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | **Human Resources Director Date** | | | | | | | | | | |

**\*\*Course descriptions must be attached to receive approval.**