**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.)** |
|  |
| ***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.**