

# EDUCATION REQUEST AND TUITION REIMBURSEMENT FORM

This form must be completed and submitted 30 days prior to the beginning of the class. Copy of final grade and proof of payment must be submitted before reimbursement will be made.

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Employee

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Department

Full Time

Part Time

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Date of Employment

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Title of Class

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Dates of Class

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College/University

Number of Credit Hours

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Tuition Paid

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Other tuition assistance received (grant scholarship, etc.)

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Employee's Signature

Date

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Supervisor's Signature

Date

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Director's Signature

Date

## FOR OFFICE USE ONLY

Copy of grade attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Copy of proof of payment attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Date payment made \_\_\_\_\_

Director's approval for payment \_\_\_\_\_ Date \_\_\_\_\_