

# EDUCATION REIMBURSEMENT FORM

|  |                   |
|--|-------------------|
| Employee Name:                             | Department:       |
| Position:                      Employee #: | Telephone Number: |

**REIMBURSEMENT:**

| Course        | Grade | Number of Credit(s) | Reimbursable Cost (Tuition & Fees) |
|---------------|-------|---------------------|------------------------------------|
|               |       |                     |                                    |
|               |       |                     |                                    |
|               |       |                     |                                    |
|               |       |                     |                                    |
|               |       |                     |                                    |
| <b>TOTAL:</b> |       |                     |                                    |

The following documents are attached for review and verification:

- Transcript                     
  Receipts                     
  Other

I fully understand that the City will reimburse me the state rate for tuition and other course fees. Should I leave the employment of the City, as provided by policy, I will reimburse the City the cost of tuition and fees.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVAL:**

|   |              |
|---|--------------|
| <b>Supervisor:</b>  | <b>Date:</b> |
| <b>Department Director:</b>                                     | <b>Date:</b> |
| <b>Assistant City Manager/HR &amp; Risk Management Director</b> | <b>Date:</b> |

\*Attach proof of course completion.  
 \*Reimbursement of tuition cost: A = 100% B = 75% C = 50%