

EDUCATION REQUEST FORM

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

As provided by the City of Pembroke Pines' Education Reimbursement Policy, I am requesting approval to enroll in the following course(s) and/or degree:

Nature of Request:

Course Start Date	Course	Number of Credit(s)	Type of Degree (If applicable)	Reimbursable Cost (Tuition & Fees)
TOTAL:				

Name of School	Major	Date of Completion

Employee Signature _____
Date

APPROVAL:

Supervisor:	Date:
Department Director:	Date:
Assistant City Manager/HR & Risk Management Director	Date:

*Registration documents must be attached with this form.
 *City's reimbursable rates per State of Florida rates.