

EDUCATION REQUEST FORM

Employee's Name	Employee ID #	POLICE 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's Signature

Date

APPROVAL:

Supervisor	Date
Division Major	Date
Assistant Chief of Police	Date
Chief of Police	Date
Assistant City Manager/HR & Risk Management Director	Date

*Registration documents must be attached with this form.

**City's reimbursable rates per State rates.