



Education and Training Reimbursement Request Form

The funds allocated to the tuition reimbursement budget are to be used expressly for the purpose of job-related education and training that will challenge employees to higher levels of achievement and service. Please see HR Policy D2 for more information.

Tuition Reimbursement requests will be reviewed by Human Resources and approved only under the following circumstances and when all required paperwork is returned:

- The employee meets the eligibility criteria as listed in the HR Policy D2 including receiving proper written approval from their manager and/or department head.
- The employee has received initial approval from their department and Human Resources 15 days in advance of the official start day of the training/class.
- The employee has submitted an academic calendar showing class/semester dates, an itemized receipt for tuition showing all costs broken down, & grade report/transcript within 30 days of the end of that semester in accordance with the HR Policy D2.
- Reimbursement is based on meeting all criteria and requirements as defined in HR Policy D2. Approval of the request form does not guarantee reimbursement. Tuition funds are the entire responsibility of the employee until final approval is granted.

Employee Name

Department

Name of Educational Institution

Course Title

Credits

Official Course Start Date

Official Course End Date

Tuition Cost

Policy D-2 has an annual maximum tuition reimbursement of \$2,000.00 per employee, per year regardless of the tuition amount requested. Additionally, as a reminder, the City requires recovery of tuition amounts reimbursed from employees who fail to remain in the employment of the City for at least twelve (12) months from the date of completion of any authorized education or training, based on the scale listed in the policy.

Please use the box to describe how this training will benefit department operations

ATTESTATION: By checking the boxes employee attests that the following are understood. If any box is unchecked, the request will be delayed or denied.

I have read and understand the eligibility and reimbursement requirements as outlined in HR Policy D2.

I will follow the outlined requirements for requesting reimbursement within the timeline as detailed in HR Policy D2.

I understand the City will recover education or training reimbursements via payroll deductions or personal payment if I do not remain in the employ of the City for at least twelve full months from the date I complete any authorized education or training.

Name and Signature of employee submitting request:

By signing below, I confirm my support for this request:

Manager Signature

Date

Department Director Signature

Date

Human Resources Signature

Date