

**TUITION REIMBURSEMENT PROGRAM
REIMBURSEMENT REQUEST FORM**

TYPE ONLY

PART I: EMPLOYEE REQUEST FOR REIMBURSEMENT

Name: _____

Request #: _____
(Must match Pre-Approval # Assigned by P&CSC)

Social Security #: _____

Course Number: _____

Dept. & Division: _____

Course Title: _____

Job Title: _____

Amount to be Reimbursed: \$ _____
(Must match amount approved on Pre-Approval Request Form.
Federal, state and/or local taxes in effect at the time of the request
will be applied to the reimbursement)

Payroll Administration Group: _____

This course is a graduate level course, an undergraduate level course or other _____.
(specify)

I have attached my paid invoice for this course and related lab fees, if applicable. YES NO

I have attached my original grade report or my official transcript to validate my successful completion of my pre-approved course. I understand that this request cannot be processed until the Personnel Department receives this information. YES NO

Employee Signature

Date

PART II: DEPARTMENT DIRECTOR ACTION

Date Received by Department: _____

By: _____
(Initials)

This request is Approved Disapproved

Reason(s) for disapproval: _____

Department Director Signature

Date

PART III: DIRECTOR, DEPARTMENT OF PERSONNEL & CSC ACTION

This request is Approved Disapproved

Reason(s) for disapproval: _____

Director, Department of Personnel & CSC

Date

DISTRIBUTION: WHITE: DEPT. OF PERSONNEL & CSC YELLOW: EMPLOYEE'S DEPARTMENT PINK: EMPLOYEE GOLD: PAYROLL SUPERVISOR