

**CITY OF PITTSBURGH TUITION  
REIMBURSEMENT PROGRAM  
REIMBURSEMENT REQUEST FORM**



**PART I: EMPLOYEE REQUEST FOR REIMBURSEMENT**

Name: \_\_\_\_\_

Request # : \_\_\_\_\_  
(Must match Pre-Approval # Assigned by HRCS)

Social Security #: \_\_\_\_\_

Course Number: \_\_\_\_\_

Dept. & Division: \_\_\_\_\_

Course Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Amount to be Reimbursed: \$ \_\_\_\_\_  
(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  other \_\_\_\_\_  
(specify)

I have attached my grade report and proof of payment. I understand that this request cannot be processed until the Department of Human Resources receives this information.

\_\_\_\_\_  
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 HUMAN RESOURCES & CIVIL SERVICE ACTION**

This request is  Approved  Disapproved

Reason(s) for disapproval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director, Department of HRCS

\_\_\_\_\_  
Date