



Tuition Reimbursement Request Form Graduate Degree Level – Fire

Instructions

To request Pre-Approval for tuition reimbursement, complete this form and return it to your Department Director. A copy of the course description is also required. A receipt of payment will be required when submitting for reimbursement.

Employee Information

Name: _____ Employee Number: _____

Position: _____ Department: _____

Course Information

Course Name and Number: _____

Is course necessary to obtain degree? Yes No N/A

If yes, what degree? _____

Name of College or Institution: _____

Dates of Course: Starting ___ / ___ / ___ Ending ___ / ___ / ___

Cost: Tuition _____ Books _____ Total _____

How will this course improve your job performance or help you to prepare for future opportunities in your career with the City? _____

Reimbursement Information

Reimbursement Schedule	
Grade Earned	Reimbursement Schedule for Job-Related Course
A	100%
B	75%
C or lower	None

Schedule of Repayment Upon Separation from Employment	
Length of Employment Following Reimbursement	Percentage to Be Paid to the City at Separation
Less than two (2) years	100%
At least two (2) but less than three (3) years	75%
At least three (3) but less than four (4) years	50%



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Authorization & Signature

I understand that reimbursement will be based on the grade earned and agree that, as a condition of receiving tuition reimbursement, I will reimburse the City should my employment with the City terminate within the Schedule of Repayment listed above. I hereby authorize the City to deduct any amount owed to the City according to the aforementioned schedule.

Signature

Date

Department Director Pre-Approval

I certify that this employee's request for pre-approval for tuition reimbursement meets the criteria as indicated below:

<input type="checkbox"/> Yes	Employee is a full time employee in good standing who has completed a minimum of 1 year of service with the City.
<input type="checkbox"/> Yes	Employee has not had a disciplinary suspension of more than 5 working days during the last 12 months (2 full 24 hour shifts for employees working 24 hour shifts).
<input type="checkbox"/> Yes	Employee has received an average or better rating on his/her most recent performance evaluation.
<input type="checkbox"/> Yes	This course is directly related to the employee's current position OR is to learn a second language.
<input type="checkbox"/> Yes	Approval of this request will place the total amount reimbursed for this employee during the fiscal year at \$3,780 or less.

Signature

Date

Human Resources Approval

Course Pre-Approved: Yes No

Signature

Date

Reimbursement:

Grade Received: _____ Approved to reimburse at: _____ By: _____