Tuition Reimbursement Request

Employee Name: _____ Dept: _____

Date of Hire: _____

Date of Request: _____

Education Institution Name: _____

Course Name & Number: _____

Provide a brief course description:

_____

_____

_____

_____

_____

Amount Requested: $ _____

Is this your first request? ☐-Yes ☐-No

If No, date of last request: _____ Total of previous benefits: $ _____

Please attach the receipt of payment and proof of enrollment or completion upon submission of this form.

Employee Signature: _____

Ops Director Signature: _____ Date: _____

Benefits Manager Signature: _____ Date: _____

☐ Denied
☐ Approved Amount Authorized: $ _____

Accounting Department:
Date check Issued: _____ Check #: _____ Amount: $ _____

Account Code: _____ Approval: _____