Tuition Reimbursement Request Form

Employee Details
Employee Name: _____
Phone Number: _____
Address: _____
_____

Employment Details
Department:_____
Job Title: _____
ID: _____

Tuition Details
Name of School: _____
Course: _____
Credit Hours: _____
Course Begins: _____
Course Ends: _____
Tuition, Fees _____
Name of Diploma/Degree: _____
Major Field of Study: _____

How does the proposed course of study relate to your job assignment/position duties? (explain below)
_____

If the course meets during your normal work hours, how will your work schedule be adapted?
_____

How will the course-provided knowledge/techniques improve your performance and be useful to the company?
_____

I have read and understand the Tuition Reimbursement Policy and agree to the terms of the policy.

Employee Signature: _____

Date: _____

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