



# TUITION REIMBURSEMENT REQUEST

Request must be approved prior to start of course. Participation must not interfere with scheduled work and meet all criteria of DOC 880.130 Tuition Reimbursement.

## APPLICANT INFORMATION

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

Title: \_\_\_\_\_  Permanent  Probationary  Permanent - Project

Work location: \_\_\_\_\_

Schedule: \_\_\_\_\_  Full-time  Part-time (hours/per week): \_\_\_\_\_

Name of school: \_\_\_\_\_  Online  Campus

Area of study (e.g., Business Administration, Criminal Justice): \_\_\_\_\_

Number and title of course(s) (e.g., BIO 101 Intro to Biology): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of class schedule or course details.  Undergraduate  Graduate

Semester/quarter and year: \_\_\_\_\_ Total credit hours: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_

Receiving a grant, G.I. Bill, or scholarship?  Yes  No If yes, attach copy.

Explanation why this request should be granted and how it benefits the Department:

\_\_\_\_\_  
\_\_\_\_\_

I certify I have disclosed any reimbursement from any other public fund source/grant and that I have read DOC 880.130 Tuition Reimbursement.

I understand that if I terminate employment with the Department within one year of the date of reimbursement, the Department is entitled to the return of the reimbursement. I authorize the Department to deduct this sum in total from my final paycheck and/or any other compensation due to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Work telephone: \_\_\_\_\_

Home telephone (optional): \_\_\_\_\_

**RECOMMENDATIONS**

Approved    Denied

Comments:

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\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved    Denied

Comments:

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\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved    Denied

Comments:

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\_\_\_\_\_  
Assistant Secretary/Deputy Secretary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PAYMENT AUTHORIZATION**

Approved    Denied

\_\_\_\_\_  
Disbursements and Purchasing Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Telephone: \_\_\_\_\_

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Headquarters Tuition Reimbursement Team      **COPY** - Applicant, Supervisor