



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): _____

