



Educational Reimbursement Pre-Approval Form

EMPLOYEE INFORMATION

Full Name (Last, First MI)		Job Title	
Department		Division	
Address		City	State Zip
Phone #	Email	Bargaining Unit <input type="checkbox"/> GMEA <input type="checkbox"/> GME0 <input type="checkbox"/> GPOA <input type="checkbox"/> Unrepresented	

COURSE INFORMATION

Course/Program Title		Start Date	
College/University/Institution/Program Name		City	State
This course is for (check the appropriate box): <input type="checkbox"/> Certificate <input type="checkbox"/> Credit Only <input type="checkbox"/> Degree [Type: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other _____]			
Course/Program Title		Start Date	
College/University/Institution/Program Name		City	State
This course is for (check the appropriate box): <input type="checkbox"/> Certificate <input type="checkbox"/> Credit Only <input type="checkbox"/> Degree [Type: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other _____]			
Course/Program Title		Start Date	
College/University/Institution/Program Name		City	State
This course is for (check the appropriate box): <input type="checkbox"/> Certificate <input type="checkbox"/> Credit Only <input type="checkbox"/> Degree [Type: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other _____]			

By signing this form, I understand that I must seek approval prior to enrollment, and must submit the Educational Reimbursement Request form along with a minimum "C" grade or certificate and receipts to receive reimbursement.

Employee Signature Date

DEPARTMENT RECOMMENDATION

Department Head Signature Date

Request

☐ Approved
☐ Denied: _____

CITY MANAGER/HR OFFICER ACTION

City Manager/HR Officer Signature Date

Request

☐ Approved
☐ Denied: _____