



Educational Reimbursement Request 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"/> GMEU <input type="checkbox"/> GPOA <input type="checkbox"/> Unrepresented	

COURSE INFORMATION

Course/Program Title		Tuition Cost
College/University/Institution/Program Name		Textbook Cost
Course Completion Date	Grade/Certificate Received	Fees/Materials Costs
Was Pre-Approval received prior to the start of this course? (check the appropriate box): <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Cost
Course/Program Title		Tuition Cost
College/University/Institution/Program Name		Textbook Cost
Course Completion Date	Grade/Certificate Received	Fees/Materials Costs
Was Pre-Approval received prior to the start of this course? (check the appropriate box): <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Cost
Course/Program Title		Tuition Cost
College/University/Institution/Program Name		Textbook Cost
Course Completion Date	Grade/Certificate Received	Fees/Materials Costs
Was Pre-Approval received prior to the start of this course? (check the appropriate box): <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Cost
		Reimbursement Total

By signing this form, I understand that to receive reimbursement I must have submitted the Educational Reimbursement Pre-Approval form prior to enrollment, submit proof of a minimum "C" grade or a certificate and applicable receipts.

Employee Signature Date

CITY MANAGER/HR OFFICER ACTION

City Manager/HR Officer Signature Date

Request

- ☐ Approved in the Amount of: _____
☐ Denied: _____