



TUITION REIMBURSEMENT REQUEST

Date _____

Employee Name _____ Position _____

Institution _____ Course of Study _____

Course Number _____ Course Name _____

Semester Hrs. _____ Cost/Semester Hr. _____ Total Cost _____

Course Beginning Date _____ Course Ending Date _____

Course Description _____

APPROVAL:

_____ Yes _____ No _____

Authorized Employer Representative

Note: The calendar year/lifetime caps for tuition reimbursement is effective January 1, 2009 and is not applied retroactively.

The maximum allowable tuition reimbursement payment per employee is \$2,000 per calendar year with a \$5,000 lifetime maximum reimbursement.

Forms\Tuition Reimbursement SEC

Revised: 9/09