

**REQUEST FOR CLASSIFIED TUITION REIMBURSEMENT**  
*(Print or type and submit to Human Resources Office for approval)*

***PART II – FINALIZING REQUEST***

Applicant's Name	School
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Home Address	City / State / Zip Code
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Credit Hours	Course Title	Course #
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Credit Hours	Course Title	Course #
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Credit Hours	Course Title	Course #
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Applicant has submitted the following: (attached)

1. Course receipt(s) confirming payment for credit.  Yes     No
2. Official transcripts.  Yes     No  
    The transcripts indicate the applicant received  
    an "A" or "B"; or a "P" for Pass/Fail course.

Total Reimbursement if Applicable: \$ \_\_\_\_\_

**I understand that if ALL of the required documents are not submitted to the Human Resources Administrator by October 15<sup>th</sup> for the December payout and by April 15<sup>th</sup> for the June payout, this form will be returned to me and will be subject to processing during the next two processing deadlines, provided the required forms are timely submitted and that all coursework submitted for reimbursement shall be submitted no later than twelve (12) months after the course completion.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director for Human Resources

\_\_\_\_\_  
Date