

TUITION REIMBURSEMENT REQUEST

Semester: _____

Year: _____

Please print or type:

Last Name	First Name	Classification	Social Security Number
Home Address		City	Zip Code
Department/Office		Work Phone	Home Phone

(Enter information from the Schedule of Classes)

Code #	Dept.	Course #	Section	Course Title	Units	Hours	Days

Note: The requesting employee is responsible for informing the appropriate Division Manager when any change is made in the above schedule.

- 1) For work-related reasons (courses directly related to improvement of skills in current assignment), check here

State briefly how coursework will assist you in performing your job duties and responsibilities:

- 2) When coursework is related to Career Development, one of the following must be checked:
 Career Development Plan attached Approved Career Development filed last semester
- 3) Please sign and forward through your Division Manager to the General Manager.

Employee	Division Manager	General Manager
Date	Date	Date