



# Tuition Reimbursement Request Form Graduate Level Course – Police Sergeant

## Instructions

To request Pre-Approval for tuition reimbursement, complete this form and return it to your Department Director. A copy of the course description is also required. A receipt of payment will be required when submitting for reimbursement.

## Employee Information

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

## Course Information

Course Name and Number: \_\_\_\_\_

Is course necessary to obtain degree?  Yes  No  N/A

If yes, what degree? \_\_\_\_\_

Name of College or Institution: \_\_\_\_\_

Dates of Course: Starting \_\_\_ / \_\_\_ / \_\_\_ Ending \_\_\_ / \_\_\_ / \_\_\_

Cost: Tuition \_\_\_\_\_ Books \_\_\_\_\_ Total \_\_\_\_\_

How will this course improve your job performance or help you to prepare for future opportunities in your career with the City? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Reimbursement Information

Reimbursement Schedule	
Grade Earned	Reimbursement Schedule for Job-Related Course
A	100%
B	75%
C or lower	None

Schedule of Repayment Upon Separation from Employment	
Length of Employment Following Reimbursement	Percentage to Be Paid to the City at Separation
Less than two (2) years	100%
At least two (2) but less than three (3) years	75%
At least three (3) but less than four (4) years	50%



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## Authorization & Signature

I understand that reimbursement will be based on the grade earned and agree that, as a condition of receiving tuition reimbursement, I will reimburse the City should my employment with the City terminate less than 36 months after completion of this course and I hereby authorize the City to deduct any amount owed to the City according to the schedule above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Department Director Pre-Approval

I certify that this employee's request for pre-approval for tuition reimbursement meets the criteria as indicated below:

<input type="checkbox"/> Yes	Employee is a full time employee in good standing who has completed a minimum of 1 year of service with the City.
<input type="checkbox"/> Yes	Employee has not had a disciplinary suspension of more than 5 working days during the last 12 months (2 full 24 hour shifts for employees working 24 hour shifts).
<input type="checkbox"/> Yes	Employee has received an average or better rating on his/her most recent performance evaluation.
<input type="checkbox"/> Yes	This course is directly related to the employee's current position OR is to learn a second language.
<input type="checkbox"/> Yes	Approval of this request will place the total amount reimbursed for this employee during the fiscal year at \$5,000 or less.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Human Resources Approval

Course Pre-Approved:  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reimbursement:

Grade Received: \_\_\_\_\_ Approved to reimburse at: \_\_\_\_\_ By: \_\_\_\_\_