



Annual Request for Tuition Assistance

To be completed and submitted electronically to the Human Resources Department by June 12, 2020 to be eligible for Tuition Assistance during the upcoming Fiscal Year (October 1, 2020 – September 30, 2021)

New Degree

Continuing Degree as submitted on prior Request Form

Employee Name:		Employee ID Number:
Department:	Phone:	Employment Date:
Job Title:	Email:	

Name of accredited institution(s):	Location of Institution(s):
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Type of Degree to be earned:	Associates	Bachelors	Masters	Doctorate
Major:				

This completed form and the educational institution's course requirements, including core courses and electives should be received by Human Resources **prior** to enrolling in classes. This application will be reviewed by the Human Resources Department and you will be notified if you are eligible for tuition reimbursement under this program.

Accumulated Credits	Credits Required For Completion
How many semester hours do you expect to attend in the next fiscal year?	
Estimate of tuition per semester hour	
Amount of Financial Aid received (other than loans). E.g. scholarships, grants, etc.	
Amount of tuition to be paid by employee: (Subtract financial aid from cost of tuition/fees)	

In the section below, indicate how these courses will meet course eligibility requirements as indicated in Section C of Policy 208.

By submitting this form I acknowledge that I have read and understand the Tuition Assistance policy and agree to abide by it if this request is approved. I understand and agree, by signing this request, that if I leave City employment (due to voluntary or involuntary termination), I shall repay the City all Tuition Assistance paid to me as stated in **Section II, E, of Policy 208**. I authorize the City to deduct the balance owed for Tuition Assistance from my paycheck or any other final payments due to me. I understand that, if sufficient funds are not available to satisfy the tuition Assistance owed to the City, I am legally obligated to pay the balance owed to the City by certified check, cash, or money order.

EMPLOYEE SIGNATURE: _____	DATE: _____
DEPARTMENT DIRECTOR: _____	DATE: _____
HR DIRECTOR/TRAINING MANAGER: _____	DATE: _____

Checklist Before Submitting this form

1. "This is a new degree or continuing degree already submitted on prior form" box checked
2. Semester Hours box complete
3. Degree Plan attached
4. Signed by Department Director