

Educational Assistance Approval Form

Complete the information below and include any supporting documentation regarding the content of the courses to be taken. Form must be completed and approved prior to class registration.

Employee Name : _____

Job Title: _____ Department: _____

Date of Hire: _____ Department Head/Director Name: _____

Applicant's declared major of study (if applicable): _____

Full Name of Educational Institution: _____

Working toward a degree? YES NO

Describe purpose of taking course(s): _____

Course Title	Credit Hour	Tuition Cost	Start Date:	End Date:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please refer to the policy for details on eligible expenses and grade criteria.

I understand that I am to attend courses on my own time. If my employment is terminated, for any reason with the City, within two years of reimbursement, I agree to pay back the City, in full, for tuition reimbursement/assistance, paid by the City, within 30 days of my termination.

Employee Signature

Date

For HR Use Only

Approved Declined; If declined, state the reason: _____

Department Head/Director **Date**

Approved Declined; If declined, state the reason: _____

HR Director **Date**

Approved Declined; If declined, state the reason: _____

City Manager **Date**

If declined, date the employee was informed: _____