City of Maumelle

TUITION REIMBURSEMENT REQUEST FROM

(THIS FORM MUST BE SUBMITTED PRIOR TO ENROLLMENT OR REGISTRATION)

Name: _____ Date: _____

Position: _____ Dept.: _____

Name of School Attending: _____

Name of Degree Program: _____

Name of Course(s): _____

_____

_____

Semester: Fall Spring Academic Year: _____ to _____

(Month/Yr.) (Month/Yr.)

Amount of Tuition* (tuition only, no fees) $ _____

If course(s) is (are) not part of a degree program, please explain how job-related:

_____

_____

_____

_____

Copies of final grades and documentation of cost of tuition paid must be provided before reimbursement will be made.

APPROVALS:

_____	_____
Department Head	Date
_____	_____
Employee's Signature	Date
_____	_____
Director of Human Resources	Date
_____	_____
Mayor	Date

HR USE ONLY

☐ **Non-Uniform** **Uniform:** ☐ **Police Department** ☐ **Fire Department**

Eligible ☐ **Yes** ☐ **No**

Amount Approved: _____

Remaining Amount: _____

Reimbursement Request Date: _____

THE ORIGINAL FORM MUST BE RETURNED TO HUMAN RESOURCES