



EMPLOYEE REQUEST FOR EDUCATION REIMBURSEMENT

Employee Name: _____ Date: _____

Department: _____

I have successfully completed my course(s) of study with satisfactory grades and hereby request reimbursement. My detailed book and tuition receipt(s) and grade report(s) are attached.

Course Name(s) / Completion Date(s) / Final Grade(s):

TOTAL REIMBURSEMENT REQUEST (to not exceed \$500 per Fiscal Year) \$ _____

(Employee Signature) _____ Date _____

AMOUNT APPROVED BY SUPERVISOR \$ _____

(Supervisor Signature) _____ Date _____

TO SUBMIT FOR REIMBURSEMENT:

1. The supervisor should submit this Education Reimbursement Form to the Human Resource Department.
2. HR will verify that the request has not surpassed the \$500 amount per fiscal year.
3. Once approved by HR, employee and/or supervisor will be notified. At that time, employee and/or supervisor should submit a [Claim Reimbursement Form](#) to Finance for reimbursement.

Human Resource Department – Approval to Process Payment

Reimbursement amount available for FY prior to request \$ _____

Remaining reimbursement available for FY after above request \$ _____

(HR Signature) _____ Date _____