**Pre-approval of Tuition Reimbursement Request for Tuition Reimbursement**

Name Date

Department Position

Date of Hire (Must have one year of employment prior to start of course to be eligible)

Status:  FT  PT (Hours per week )  Exempt  Non-Exempt

School Name:

School Address:

 Street City State Zip Code

Course(s):

Date(s) of Course(s): From: To: Credit Hours: Tuition Cost:

Additional Costs: (i.e., Registration, Lab Fees):

Reasons For Attending Course(s):

DATE:EMPLOYEE SIGNATURE:

 I recommend  I do not recommend the above employee for tuition reimbursement.

Date: Department Head/Supervisor Signature:

Comments:

 I recommend  I do not recommend the above employee for tuition reimbursement.

Date: 2nd Level Signature:

Comments:

 Approval  Denial of the above request.

Date: People Services Signature:

Comments

**Forward this form People Services prior to class start date. Upon completion of the above pre-approved course(s), employee must submit a completed *Reimbursement Request form* with proof of payment and grade report attached.**

To Be Completed by Employee and Forwarded to People Services

Date of Prior Approval:

School Name:

Course(s) Completed:

Grade(s): Credit Hours: Tuition Cost:

Additional Costs: (i.e., Registration, Lab Fees):

*I have completed the above listed classes and have attached all receipts and grade report.*

DATE: EMPLOYEE SIGNATURE:

This Section Completed by People Services

This request has been approved for reimbursement

Date: People Services Signature:

Comments:

Date to Payroll for processing:

GL Account Code