

Employee Name _____ Department _____

Educational Background (Circle Highest Grade Completed):

High School Trade or Business School College or University
 9 10 11 12 1 2 3 4 1 2 3 4

Name of educational institution last attended _____

I submit the following course(s) for approval under the rules of the Tuition Assistance Program as outlined in the *City of Creedmoor's Personnel Policy, Article V, Section 10*:

“Full-time employees who have completed initial probation may apply for tuition reimbursement for courses taken on their own time.

Eligible courses include those which will improve the employees’ skills for their current job or prepare the employee for promotional opportunities within City service. Tuition, registration fees, laboratory fees, books, and other student fees are eligible expenses. Employees may be reimbursed for up to \$1000 of eligible expenses per fiscal year, subject to availability of funds.

A Tuition Assistance Application form must be submitted to the department head prior to class registration. Proof of satisfactory completion of the courses and payment receipts will be required for reimbursement.”

Course Title(s)	Credits or Hours	Start Date(s)	End Date(s)	Reimbursement Requested
TOTAL				\$

Name of Institution _____

I am working toward: Diploma Certificate Degree Credit
 Improved job skills in the area of _____

Expected Completion Date _____

In the spaces below (and continued on the reverse side if applicable), I have described how this course will help me in my present job and/or prepare me for greater responsibilities with the City of Creedmoor.

I understand that if my application is approved, the City of Creedmoor will reimburse costs only after I have provided proof of a grade of “C” or better, or where letter grades are not given, a written statement from the instructor stating that I have successfully completed the course; and receipt for payments for all expenses submitted.

Applicant’s Signature _____ Date _____

Department Head _____ Date _____

Finance Director _____ Date _____

Human Resources Officer _____ Date _____

City Manager _____ Date _____

Routing: Original (Personnel File)
 Copies (Department Head & Employee)