

TUITION ASSISTANCE REQUEST FORM

In accordance with Article XXII, Section 23.07 of the labor contract, if a member seeks tuition assistance per the contract, approval of such course(s) must be made prior to enrollment. Please complete this form in its entirety and submit to the Chief's Office.

Employee Name: _____ **Date:** ____/____/____

Name of Educational Facility: _____

Course Information: (Online courses attach course overview; attach additional pages if needed)

1. Course Name: _____ Course #: _____

Cost: _____

Course Start Date: ____/____/____ Job Related/Job Degree Related: Yes ☐ No ☐

Degree Program/Major: _____

Description of Course: _____

2. Course Name: _____ Course #: _____

Cost: _____

Course Start Date: ____/____/____ Job Related/Job Degree Related: Yes ☐ No ☐

Degree Program/Major: _____

Description of Course: _____

For Office Use

Department Approval By: _____

Date Approved: ____/____/____

Sent to Human Resources: ☐

Notes: _____

Approval: _____

Reimbursement Documents Received: ____/____/____