



TUITION REIMBURSEMENT/RELEASE TIME AUTHORIZATION FORM

SECTION BELOW TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

Employee Name: _____		Job Title: _____	
Division: _____	Phone: _____	Email: _____	
Enrollment Status: Are you pursuing a degree? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please indicate your degree program (e.g. associate, bachelor, etc.) and area of discipline (e.g. math, business, public policy, etc.) _____			
Additional Tuition Assistance: Are you receiving other forms of tuition support (e.g. VA benefits, G.I. Bill, grants or scholarships)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Teaching Institution: _____		Tuition Cost: _____	

List Requested Course(s): (maximum two courses per semester)

Course	Course Title*	Course #	Credit Hours	Total Hours	Class Start Date	Class End Date	Class Time
1							
2							

*Attach course description and, if required, describe how this course relates to your current job.

<input type="checkbox"/> I am requesting tuition reimbursement	<input type="checkbox"/> I am requesting release time
<p>Employee Certification: My signature below certifies that the information provided is accurate and truthful. I understand that I must submit a tuition reimbursement request and receive appropriate approval prior to enrolling in a class. I also understand that I must receive a grade of "C" or better, provide a copy of my grade report and proof of tuition paid to the training coordinator upon completion of the course. Finally, I certify that I have read and agree to abide by the policies and procedures of the Department's Education Assistance program.</p>	
<p>Employee Signature: _____ Date: _____</p>	

PRIOR APPROVAL

Supervisor please indicate the percentage of tuition to be paid: _____ %

If this course maintains or improves skills needed in the employee's current job, it may be reimbursed **up to 100%**. If this course has a reasonable relationship to the business of the department or is required as part of a degree program (the degree must relate to the department's business), it may be reimbursed **up to 75%**. If this course will prepare the employee for another career or job in state government, it may be reimbursed **up to 50%**.

Release time to attend class during the workday (indicate work arrangement) _____

I cannot approve or certify the employee's request to attend classes because _____

Supervisor Signature _____ **Date** _____

Division Director Signature _____ **Date** _____

Asst. Commissioner Signature _____ **Date** _____

Funds encumbered:

Division _____ Fund # _____ Org # _____ Appropriation # _____

<p>Human Resources Training Coordinator Prior Approval</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, reason _____</p> <p>Signature: _____</p> <p>Date : _____</p>	<p>Human Resources Training Coordinator Approval for Payment</p> <p>Amount to be reimbursed \$ _____</p> <p>Date sent to FMR: _____</p>
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