

**APPLICATION FOR TUITION  
REIMBURSEMENT**  
C0-101 11/2006



**IMPORTANT! THIS APPLICATION MUST BE SUBMITTED TWO WEEKS PRIOR TO THE BEGINNING OF THE COURSE(S) TO YOUR AGENCY APPROVAL OFFICER.**

**NOTE:** Upon completion of course(s) you must SUBMIT 2 COPIES OF ALL RECEIPTS and PROOF OF PASSING to your AGENCY APPROVAL OFFICER by Feb. 1st, fall & summer courses, June 1st, spring courses.

NAME (Last) (First) (Middle)		TR NUMBER	EMPLOYEE NUMBER	<b>IMPORTANT</b> COLLECTIVE BARGAINING UNIT CODE SVFT (17)			
HOME MAILING ADDRESS NAME (No. and Street) (City or Town) (State) (Zip)				DEPARTMENTAL PAYROLL CODE SDE64300			
TITLE		AGENCY NAME		WORK TELEPHONE NO.			
WORK ADDRESS (No. and Street) (City/Town) (State) (Zip)				WORK EMAIL ADDRESS			
		EDUCATION INSTITUTE (Name)			START		
					Mo. Day Yr.		
		ADDRESS (No. and Street) (City or Town) (State) (Zip)			FINISH		
					Mo. Day Yr.		
<b>COURSE INFORMA- TION</b>	TITLE AND NUMBER OF COURSES					NUMBER OF CREDITS	
	1.						
	2.						
	3.						
	The above courses are	Graduate <input type="checkbox"/> Course	Undergraduate <input type="checkbox"/> Courses	Job Related? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL CREDITS	
	OBJECTIVE IN TAKING THIS COURSE (S) OR CURRICULUM						
<b>COST IMPORTANT</b>  Be sure to show the cost of EACH CREDIT as well as the total cost of all credits in applicable spaces at the right  PAYMENT IS SUBJECT TO AVAILABLE FUNDS!		CHARGE PER CREDIT	\$	X	TOTAL NO. CREDITS	TOTAL = CREDIT COST \$	
		Service Fee (Community Colleges Only)					\$
		Laboratory Fee					\$
		Other Fees					\$
		Sub Total					\$
		LESS - Financial-Aid Received from Other Sources					\$
		<b>NET COST</b>					\$
<b>APPLICANTS CERTIFICATION</b>	I certify that I am familiar with regulations for tuition-reimbursement and will comply with them. I will notify the Agency Approval Officer if a course is failed or dropped.						
	SIGNED (Applicant) DATE (Mo., Day, Yr.)						
<b>AGENCY RECOMMENDA- TION</b>	I have reviewed the tuition guidelines and this application. ("X" APPROPRIATE BOX) I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT recommend this person's participation.						
	IF APPLICATION IS DENIED, STATE REASON AND FORWARD TO THE REVIEW COMMITTEE						
	AGENCY APPROVAL OFFICER (Signature)		DATE	EMAIL	TELEPHONE NO.		
<b>FOR USE IF APPLICATION IS NOT APPROVED</b>	STATE PERSONNEL TUITION REIMBURSEMENT COORDINATOR'S DECISION						
	SIGNATURE					DATE	
<b>FOR AGENCY USE ONLY</b>	AMOUNT TO BE REIMBURSED		JOB-RELATED	NON-JOB-RELATED	DATE RECEIPT AND GRADES SUBMITTED	DATE PAYMENT REQUESTED	
	\$		\$	\$			
<b>FOR OSC USE ONLY</b>	PRIORITY LIST DATE	DEPARTMENT ID	REVIEWED BY:	DATE	PROCESSED BY:	DATE	

**DISTRIBUTION:** - Agency - Comptroller Fiscal Policy Division -Employee