Tuition Reimbursement Program

This form must be received by the Human Resources Department no later than 90 calendar days after the course end date.

APPLICANT INFORMATION

Name: _____ Department: _____

Address: _____
Street *City* *State* *Zip*

Phone: _____ Email: _____

COURSE/PROGRAM INFORMATION

Degree Seeking:

- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate
- ☐ Job-Related/Non-Degree*

Description of Courses/Major Course of Study:

Educational Institution:

Street

City *State* *Zip*

*I certify that the below course(s) are non-degree. I understand that to be considered job-related, the course(s) enhance the employee's ability to perform the current duties of the job or other jobs in the employee's immediate career path at the City of Centennial and do not qualify the employee for a new career profession.

Course Number	Course Title	Course Start Date	Course End Date	Grade	Tuition

EMPLOYEE CONDITIONS/SIGNATURE AND SUPERVISOR APPROVAL

I have completed the above course(s) and meet the requirements for reimbursement. I authorize the educational institution to release to the City of Centennial, upon the City of Centennial's request, all records concerning my education or financial assistance as it pertains to this application. **I have read the Tuition Reimbursement Program Guidelines and I understand that the penalty for fraudulently seeking tuition reimbursement benefit may include disciplinary action and/or termination.**

Employee's Signature _____ Date _____

Supervisor's Name _____ Department _____

Supervisor's Signature _____ Date _____

City Manager's Signature _____ Date _____

Employee must submit this form and the following documentation no later than 90 calendar days after the course end date to the City of Centennial Human Resources Department:

- Grade Report
- Verification of Course Dates (Registration Summary)
- Itemized Tuition Bill *(Receipts that reflect a lump sum are not acceptable.)*

HUMAN RESOURCES USE ONLY

Date Received:	_____	Grade Report:	☐	Reimbursement Amount:	$
Hire Date:	_____	Itemized Tuition Bill:	☐	Total Reimbursed To Date:	$
HR Rep (Initial):	_____	Registration Summary:	☐	Remaining Balance:	$
Approved:	Yes ☐ No ☐	Reason Not Approved:	_____	Date Sent to Finance Dept:	_____