



TUITION REIMBURSEMENT PROGRAM PRE-APPROVAL APPLICATION FORM

Instructions

Application must be approved before attending the class to ensure the class meets the established requirements:

1. Application should be completed identifying the institution from which you will receive your degree or certification.
2. Application must be received in Human Resources at least two weeks before the start of the course.
3. Registration form detailing fees from accredited institution must be attached to the application.
4. Applicant must sign and date application.
5. Approvals for educational assistance require two levels of management including the Division Manager and Department Director.

Repayment upon termination of employment

An employee who resigns his or her position with the City less than one (1) year following the date of reimbursement for course(s), must repay the City the full amount received. If necessary, a deduction will be made from the employee's final paycheck.

Applicable Policies

Please refer to the City's Employee Handbook, and/or applicable Collective Bargaining Agreement, for complete details of the City of Cocoa Tuition Reimbursement Program.

DEGREE OBJECTIVE ASSOCIATE BACHELOR	NAME (Last, First, MI)		WORK PHONE	EMPLOYEE ID	DEPT/DIV ID	
	HOME ADDRESS (Street, City, State, Zip)		JOB TITLE	DATE OF HIRE	PROBATIONARY PERIOD END DATE	
DEGREE DESCRIPTION	COURSE NUMBER	COURSE TITLE	CREDITS	DATE FROM MO./YR.	DATE TO MO./YR.	COST OF COURSE
NAME OF SCHOOL/ INSTITUTION						
SCHOOL LOCATION (City, State, Zip)		FINANCIAL ASSISTANCE RECEIVED: SCHOLARSHIP VETERAN'S ADMINISTRATION PELL GRANT FRAG OTHER:	FINANCIAL ASSISTANCE AMOUNT RECEIVED:		LABORATORY FEE	
MAJOR AREA OF STUDY					REGISTRATION FEE	
ESTIMATED DATE OF DEGREE					TOTAL COST	
I CERTIFY THAT I AM NOT RECEIVING FINANCIAL ASSISTANCE FOR THESE COURSES THROUGH BENEFITS PROVIDED BY VETERAN'S ADMINISTRATION, STATE OR PRIVATE SCHOLARSHIPS, THAT IS NOT INDICATED ABOVE.						
EMPLOYEE'S SIGNATURE:						DATE:

TO BE COMPLETED BY MANAGEMENT

HOW WILL PARTICIPATION IN THIS PROGRAM IMPROVE THE APPLICANT'S CURRENT OR FUTURE JOB PERFORMANCE?

DIVISION MANAGER
APPROVAL

DATE

DEPARTMENT DIRECTOR
APPROVAL

DATE

COMMENTS

TO BE COMPLETED BY HUMAN RESOURCES

Approved Not Approved

COMMENTS

HUMAN RESOURCES
COORDINATOR

DATE

HUMAN RESOURCES
MANAGER

DATE