



TUITION REIMBURSEMENT PROGRAM REIMBURSEMENT APPLICATION FORM

INSTRUCTIONS

This form must be completed in its entirety and submitted with the Tuition Reimbursement Pre-Approval Form. Request for reimbursement of allowable educational assistance must be submitted to Human Resources within ninety (90) days of completion of the course. Payment verification and supporting documentation must be submitted in one of the following formats:

1. Original receipt verifying paid tuition payment.
2. Charge slip or canceled check verifying tuition payment.
3. Original documentation from school showing tuition deferment status.
4. Satisfactory completion includes the award of a minimum grade of "C". The original grade report or a letter from the institution stating the grade must be submitted. If a letter is submitted, it must be on school letterhead.

EMPLOYEE INFORMATION		
Name (Last, First, MI)	Job Title	Employee ID
Department/Division	Hire Date	WORK PHONE

SCHOOL INFORMATION		
School and Program Name	Term or Semester Begin Date	Term or Semester End Date

COURSE INFORMATION			
Course Name	Course Code	Grade	Course Dates

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

Employee Acknowledgement

In accordance with the Tuition Reimbursement Program and applicable policies, I certify that this statement of my costs is complete and accurate to the best of my knowledge and that I am receiving no financial assistance with this study except as stated on the Tuition Reimbursement Pre-Approval Application Form.

Name	Signature	Date
------	-----------	------

TO BE COMPLETED BY HUMAN RESOURCES

Course Title	Grade	Fees	Total Amount of Reimbursement

Requisition Number	Purchase Order Number	Processing Date	Check Number
--------------------	-----------------------	-----------------	--------------

Human Resources Approvals

Human Resources Coordinator Signature	Date	Human Resources Manager Signature	Date
---------------------------------------	------	-----------------------------------	------