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POST-COURSE TUITION REIMBURSEMENT REQUEST

Staff in all departments will submit their requests for reimbursement of tuition expense with all required documentation noted below to Boise City Human resources, Attention: Tuition Reimbursement.

1. Employee Name _____ Employee ID: _____
 Department: _____ Date Submitted To Human Resources: _____
 Course Title and Number: _____

I agree to abide by the terms of the Tuition Reimbursement Policy and Regulation. In the event I terminate employment with the City within twelve months of course completion, **I authorize the City of Boise to deduct a sum, up to the entire amount reimbursed to me by the City of Boise, from any wage payment, or vacation and/or comp time payout I am eligible to receive.**

Employee Signature _____ Date _____

2. REIMBURSEMENT APPROVAL CHECKLIST

- (1) Course work complete and grade received (copy of transcript required)
- (2) Tuition Reimbursement paid to the employee in this fiscal year (October 1-September 30) has not exceeded \$2,484
- (3) This request for reimbursement has been submitted to Human Resources within 30 days of course completion as evidenced by date of transcript submitted pursuant to above
- (4) List here total amount of any other financial assistance applied to this course \$ _____
- (5) Reimbursement Calculation Worksheet (attach expense documentation action)

Course Tuition..... \$ _____
 Course Registration \$ _____
 Total: Reimbursable Costs..... \$ _____
 Less amount in #4 above \$ _____
 Net Reimbursable Cost..... \$ _____

**Reimbursement
Request**

Grade A (from attached transcript) _____ 100% _____ Multiply Net Reimb. Costs by 1 \$ _____
 Grade B (from attached transcript) _____ 90% _____ Multiply Net Reimb. Costs by .9 \$ _____
 Grade C (from attached transcript) _____ 80% _____ Multiply Net Reimb. Costs by .8 \$ _____
 Grade P (from attached transcript) 80% _____ Multiply Net Reimb. Costs by .8 \$ _____
 [Grade P refers to a pass or fail grading system]

3. RECEIVED BY BOISE CITY HUMAN RESOURCES

Date: _____ Authorized Signature: _____

Please check one:

- Reimbursement Approved as Requested:
- Reimbursement Approved as Amended: See below for reason
- Reimbursement Denied: See below for reason
- Employee Notified: Date: _____
- Supervisor Notified: Date: _____
- Routing to Financial Services for Payroll Processing: _____ Date: _____

4. REASONS FOR AMENDING OR DENYING REIMBURSEMENT:

