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PRE-COURSE TUITION REIMBURSEMENT REQUEST
(Please complete a separate form for each course)

1. Employee Name _____ ID# _____ Dept _____

2. Course Name and Number _____

Name of Academic Institution: _____

Semester Start Date: _____ Semester End Date: _____

Requested Amounts: **IS THIS YOUR FINAL SEMESTER?** _____

Tuition _____ Required Textbooks _____

Registration/Course Fees _____

Complete if applicable:

Other educational financial assistance is being sought or already granted for this same requested course offering (please provide details, including financial amount). _____

3. Please briefly describe the course and how it can potentially advance your skills-set for a future job within the city (attach additional sheets and a course curriculum summary, if available): _____

4. 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 to deduct a sum, up to the entire amount reimbursed to me by the city, from any wage payment, or vacation and/or comp time payout I am eligible to receive.**

Employee Signature _____ Date _____

TO BE COMPLETED BY SUPERVISOR

Pre-qualifications (**verified by Supervisor**):

- Employee is a satisfactory performer.
- The employee has one year or more of city employment at time of application.
- The employee is NOT a member of a bargaining unit.
- The course is being offered at an accredited college or university.

Select **one** of the following course criteria:

- Completing the course would advance the skills-set for the employee who could potentially advance to another job within the city.
- Completing the course is required for the employee to obtain a degree related to a potential future assignment with the city.

Approved

Denied*

Supervisor Signature _____ Date _____

Print Supervisor's Name _____

Dept Director or Designee Signature _____ Date _____

HR Authorized Signature _____ Date _____

*Reason for Denial _____