



Tuition Assistance Program Application

Employees shall submit this request for tuition assistance and supporting documentation to the Human Resources Division by the established deadline. The Human Resources Division will send an acknowledgement when the necessary paperwork is received and processed. Incomplete applications will not be processed. The employee will be notified in writing whether, or not they will receive tuition assistance through the Tuition Assistance Program.

Employee Information		
Employee Name:	Hire Date:	Division/Section:
Semester		
Please indicate which semester this application is for:		
College or University Attending		
Name of Institution (School/Facility Name/Website):	Will you be attending on-line? Please Select one: Yes / No	
Are you enrolling in a degree program or for individual college courses outside of a degree program? If outside a degree program, skip the shaded section below. Select one: Degree Program / Individual College Courses		
Degree Program Name:	Degree Major/Minor:	Number of Credit Hours Required:

Degree program description and/or college description is attached including the required curriculum. Select one:
 Yes / No

Classes for Reimbursement

Class Name	Estimated start and completion dates	Class cost per credit hour (not including books or other additional fees)	This class is required as part of my degree. Indicate Yes (Y) / No (N)
1.			
2.			
3.			
4.			

How do the requested classes relate to your current position or any position within the City that you could reasonably aspire?

My signature below confirms:	
I have read and understand the provisions to receive tuition assistance as defined in Directive #2020-01	Y / N
I am eligible to receive tuition assistance from the City as defined in Directive #2020-01	Y Y N N
I agree that this application does not create legal rights to receive the tuition assistance defined in Directive #2020-01	Y / N
I agree that if I am unable to comply with the requirements of the program, including voluntary departure or the termination of my employment, I will be required to repay the tuition assistance as defined in Directive #2020-01.	Y / N
Employee Signature:	Date:

Departmental Approval (For Departmental Use)	
I agree and confirm that the classes listed above by the employee relate to or enhance the knowledge needed to better perform their current duties or are related to a position within the City's organization to which the employee could reasonable aspire.	
Enterprise Account Number (if applicable):	
Manager/Supervisor Signature:	Date:
I agree and confirm that the classes listed above by the employee relate to or enhance the knowledge needed to better perform their current duties or are related to a position within the City's organization to which the employee could reasonable aspire.	
Division Director Signature:	Date:
Human Resources Approval	
HR Analyst Signature:	Date:
Deputy City Manager Approval	
Deputy City Manager Signature:	Date:
Finance Approval: Please enter the account to be charged below	
Account Number for Tuition Assistance payment:	

ATTACHMENTS

Tuition Assistance Directive