

Appendix B-8
Pro-Tech Professional Development
Tuition Reimbursement Form

Complete and submit to Human Resources within 30 days from completion of class. Failure to timely submit this form may result in denial of reimbursement.

General Information

Employee Name _____
Date of Request _____
Name of Course _____
Degree Working Toward _____
Institution Name _____
Starting/Ending Dates _____

Expenses Submitted for Reimbursement

Total Tuition Cost & Registration Fees _____

Did you receive money from any other source (not loans) to pay for this class? If yes, enter source and amount here.

Source _____ Amount _____

Total expense submitted for reimbursement _____
(maximum of \$750 per semester and \$1,500 per year)

Attach all related billing statements, receipts and your final grade report. Reimbursement of less than full-time employees is prorated based on their benefit eligibility factor (Art 9, Sec 1).

Employee Signature _____ Date _____

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes ___ No ___

Amount Reimbursed _____ Amount Un-reimbursed _____

Datatel Requisition # _____

HR Approval _____ Date _____