



**Exempt Employee
Tuition Reimbursement Request and Education Plan Form**

Name: _____ Datatel ID: _____

Course Name: _____ Institution: _____

Course Description: _____

Course Start Date: _____ Course End Date: _____

Tuition Amount: \$ _____ Book Amount: \$ _____ Total Expense: \$ _____

Cycle 1 (July 1 to December 31)

Cycle 2 (January 1 to June 30)

PLEASE NOTE: When the class is completed, you must provide proof of completion/grade received and proof of payment from the institution indicating the cost of the class and/or books. Both items must be submitted within 30 days of the end of the cycle to receive reimbursement.

Signature: _____ Date: _____

**** Human Resources Use Only ****

Amount Reimbursed: _____ FTE (if prorated): _____

Account Number: 01-33010-26431 DVP Number: _____

Notes:

HR Representative Initials: _____

Date: _____