

REQUEST FOR EDUCATIONAL ALLOWANCE REIMBURSEMENT

NAME: _____

JOB TITLE: _____

Program _____

Date Employed _____

Full time _____ Part time _____

List Course(s) for which you are requesting tuition expense:

Course Title	School	Credit Hours	Start Date	Tuition Expense

Explain how the course(s) apply to the job you are doing. _____

Signature

Date of Request

APPROVAL:

Director, Human Resources

Date