



CHOICES IN COMMUNITY LIVING

REQUEST FOR TUITION REIMBURSEMENT

FULL NAME: _____ JOB TITLE: _____

PROGRAM: _____ HIRE DATE: _____

EMPLOYEE NUMBER: _____ FULL TIME: _____ PART TIME: _____

List course(s) for which you are requesting tuition reimbursement:

Course Title	School	Credit Hours	Start Date	Tuition Expense

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

Signature

Date of Request

FOR OFFICE USE ONLY

APPROVAL: _____
Director, Human Resources

Date