

Request for Tuition Reimbursement

Name:	Full-Time Hire Date:			
Address	City: State: Zip:			
Department:	Position:			
Degree Seeking:	Major:			
College Attending:	Expected Semester and Year of Graduation:			
Semester for Request:	Date Semester Begins:			

Course Name	Course Number	Hours of Credit	Grade:

- Please review guidelines in Policy DEB(LOCAL)
- Request for tuition reimbursement must be submitted at the beginning of the semester you are requesting reimbursement for. (attach copy of course roster to this form upon submission)
- Reimbursement Checks will not be issued until end of semester grades are submitted to Human Resources. (bring a copy of grades to the HR office at the end of the semester)
- I understand the participation in the program obligates me to continue full time employment per policy.
- Failure to complete the employment period obligates me to repay any tuition reimbursement that I receive from TVCC pro rata and my signature below authorizes TVCC to deduct from my final paycheck any amount due for tuition reimbursement. This program does not imply any obligation by TVCC to retain my services as an employee.
- I understand that my class schedule must not conflict with my job assignment. I have read and understand the program guidelines.
- I understand that participation in this program does not guarantee promotion or transfer into a position related to the field enrolled.

Employee Signature

Date

I verify that this employee is in good standing with his or her department with no formal discipline proceedings (written reprimands, attendance probations, and the like) within six months prior to the beginning of the school term in which tuition and fee reimbursement is requested.

Supervisor/Director

Date

AVP/Dean/Provost

Date

HR Director

Date

Vice President

Date

PER0098