

**TUITION REIMBURSEMENT REQUEST**

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| --- | --- | --- | --- |
| **Employee Name:** |       | **Date:** |       |
| **Title:** |       | **Datatel #:**  |       |
| **Fiscal Year/Semester:** |  | **Spring** **[ ]  Summer** **[ ]  Fall** **[ ]**  |
| **Name of Course(s):** |       |
|  |       |
| **Amount Received This Fiscal Year:** |       |
| **Amount Requested:** |       |
|  | **I agree that this amount can be off set from my wages if I leave FTCC employment the following year as stated in the Administrative Procedures Manual see Tuition/Required Fee Reimbursement.** |
| **Initial** |  |  |
|  |  | Employee Signature Date |
| **Attachment** **Check List:** | **Note: Reimbursed courses must be included in the approved program of study.**  |
|  | **[ ]  Proof of Payment**  |
|  | **[ ]  Final Grade Report**  |
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| **Dept. Chair or Program Coordinator Date** |  | **Associate Vice President Date** |
|  |  |  |
| **Division Chair or Supervisor Date** |  | **Vice President/Sr. VP (Division) Date** |
|  |  |  |
| **Dean or Director Date** |  | **Vice President for HR/IE Date**  |
|  |  |  |
| VP for Business and Finance Date |