

**TUITION REIMBURSEMENT REQUEST**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | |
|  | | | |  |  | | | | |
| **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 | | | | | | | | | |