



REQUEST FOR TUITION REIMBURSEMENT

(You have up to 60 days after course completion to submit this request.)

Name: _____ Currently in Probationary Pd (first six months)? Yes No

Department: _____ Work Status: Full-Time Part-Time

School Name: _____

Name of Program: _____ Expected Graduation Date: _____

Type of License/Degree/Certification: _____

Name of Course(s): _____

Dates of Course: FROM: _____ TO: _____

Total Cost of Course: \$ _____ Requested Reimbursement: \$ _____

_____ I acknowledge that I have received and read the Health Care for the Homeless (“the Agency”) Tuition Reimbursement Policy Procedures.

_____ I understand that if I receive tuition reimbursement and (a) withdraw from the course, (b) am disenrolled, (c) fail to meet grading criteria as established by the Agency, or (d) if my employment is terminated for any reason prior to completion of the course, I will refund the Agency any reimbursement received within that one-year period following the last disbursement of funds. Furthermore, I authorize the Agency to withhold monies from my paycheck(s) to recover any tuition reimbursement refund I owe. I understand that if I fail to repay the Agency in full, I will be ineligible for rehire.

_____ I understand that if I leave the employ of the Agency within one year of receiving tuition reimbursement, I will refund the Agency any reimbursement received within that one-year period. Furthermore, I authorize the Agency to withhold monies from my paycheck(s) to recover any tuition reimbursement refund I owe. I understand that if I fail to repay the Agency in full, I will be ineligible for rehire.

_____ I agree to submit the final grade for this course within 60 days of completion.

_____ I understand that the Agency reserves the right to modify or terminate this benefit at any time.

STAFF SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY HR

Staff Member Hire Date: _____ Amount of available TR: \$ _____

Total Payment: _____ 50% payment \$ _____ Date _____

Final Grade _____ 50% payment \$ _____ Date _____

Amount of TR left in the current year: \$ _____

Date Received: _____

Payroll Processed Date: _____

DIRECTOR OF HR SIGNATURE: _____ DATE: _____