



Tuition Assistance Reimbursement Form

This form must be completed and submitted to the VP of Human Resources within **2 months** of completion of course(s).

Part 1: Personal Information

Name _____	Date _____
Address _____	
City _____	State _____ Zip Code _____
Phone Number _____	E-mail _____
Job Title _____	Manager _____

Part 2: Course Completion Information

Title of Course _____	Tuition Amount _____
Date Course Completed _____	Final Grade Received _____
Attach the following documents:	
<input checked="" type="checkbox"/> Final grade transcripts including school name, class title, and grade received <input checked="" type="checkbox"/> Tuition costs for completed course	

Part 3: Certification and Signature

I hereby certify the above information

Signature _____ Date _____

Submit completed form with documentation to Vice President Human Resources.

Office Use Only:	
Date form received _____	
Date reimbursement processed _____	
VP of Human Resources _____	Date _____