

APPLICATION FOR TUITION REIMBURSEMENT

Name: _____ Address: _____ Date: _____

Department: _____ Date Hired: _____

Union & Local # _____ Position: _____

Name and Address of School: _____
(Indicate if Correspondence School)

Courses to be Taken: _____
(Indicate Titles and Course Number(s))

Term Begins: _____ Ends: _____ Hrs. Per Week: _____ Tuition: _____

**Official Transcript indicating cost of tuition must be attached.*

Explain briefly how the course(s) will relate to your position or an anticipated position with the City of Meriden. _____

Educational Background (Circle highest grade completed):

<u>Grade School</u>	<u>High School</u>	<u>College</u>	<u>Other</u>
5 6 7 8	9 10 11 12	1 2 3 4	

I understand that reimbursement will cover tuition only and in no case will it exceed amount allowed under your collective bargaining agreement. I further understand that reimbursement is contingent upon successful completion of the course(s) with a grade of "C" or its numerical equivalent or better and that I must file a statement testifying thereto with the Personnel Department within one (1) week upon completion of the course(s), and that no reimbursement will be due if employment is terminated before completion of the course(s). I also understand that the complete guidelines are as specified in my contract and/or the Personnel Policies & Procedures Manual.

Date

Signature of Applicant

Administrative Action:

Approved _____

Approved _____

Disapproved _____

Disapproved _____

Date: _____

Date: _____

Supervisor & Title

Department Head

Personnel Department hereby approved your request for the amount of \$ _____. You will receive a check for this amount after having satisfied all the requirements of the Tuition Reimbursement Plan.

Date

Director of Personnel