



Human Resources

Course Approval Form Tuition Reimbursement

General Information

The purpose of this form is for course approval only. **It is not a guarantee of payment.** All sections of the form must be completed and submitted no sooner than 60-calendar days prior to beginning of course or no later than 60-calendar days after course completion; otherwise your request will be denied. Submit this form to the Benefits Division of Human Resources in Room #115 of the City & County Building, send through inter-office mail to Box 5464, or email to tuitionreimbursement@slcgov.com.

Reimbursement Instructions

Degree, certification or course must be in a field relevant to a position the City recruits for. Tuition reimbursement will occur after coursework has been completed with a passing grade of C or above. Grades and proof of payment must be submitted no later than 60-calendar days after course completion to be considered for reimbursement. Tuition reimbursement is based on availability of funds at the time you submit your required documents requesting reimbursement. Maximum reimbursement limit is \$4,000 per year. **Annual maximum limit is based on when you receive payment in a calendar year.**

Employee Information

Name: _____ Department/Division: _____

Phone Number: _____ Six Digit Employee ID#: _____ Hire Date: _____

Degree/Certificate Information

Degree Certification Course Begins: _____ Ends: _____ Classroom Online

Name of course, certification, or type of degree and field: _____

Full name of accredited institution offering classes: _____

(approval based on educational institutions recognized at <http://ope.ed.gov/accreditation/Search.aspx>)

Course #/Title: _____ Course #/Title: _____

Course #/Title: _____ Course #/Title: _____

Name any source of any financial aid you are not required to pay back _____ None

Employee Understanding

By signing below, I hereby authorize the City to obtain full information concerning my participation in the tuition program. If I voluntarily terminate employment or my employment is ended for cause within 12-months of receiving reimbursements, I will be required to repay the total amount of reimbursements received during the last 12-months of employment. I expressly authorize Salt Lake City Corporation to withhold from my paycheck(s) any reimbursements due. If sufficient funds are not available through payroll deduction, I agree to submit payment in full within 30-days of my termination date. If any reimbursement is paid in error, I authorize the City to collect by payroll deduction any reimbursements paid in error.

Employee Signature: _____ Date: _____

Supervisor Review and Approval

Employee meets Tuition Reimbursement Policy 3.03.02 criteria. This course is not required or paid for by the department.

Supervisor Signature: _____ Date: _____

Human Resources Use Only

Form turned in <60 or >60 Form Complete Required Signatures Off Probation

HR Approval _____ Date Approved _____ YTD Paid _____ as of paycheck _____