



# 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](mailto: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

Type of degree and field or name of certification: \_\_\_\_\_

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

<input type="radio"/> Form turned in <60 or >60	<input type="radio"/> Form Complete	<input type="radio"/> Required Signatures	<input type="radio"/> Off Probation
HR Approval _____	Date Approved _____	YTD Paid _____	as of paycheck _____