

HUMAN RESOURCES DEPARTMENT  
MANCHESTER, NH

TUITION REIMBURSEMENT  
REQUEST

REQUEST DATE: \_\_\_\_\_

I understand that this application request must be submitted to the Human Resources Department for approval PRIOR to the start of training as approval of this request depends on timely submission, individual and activity allocations and as otherwise defined in the tuition reimbursement policy.

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

EMPLOYMENT STATUS (Permanent)      ACTIVITY:      Non Affiliated      EDP      MAFS  
Regular      AFSCME      IAFF      Airport  
Part-Time      WaterWorks      MPPA      Library  
Other      PDSS      Facilities  
Health      MAPS

NAME OF INSTITUTION: \_\_\_\_\_ ADDRESS OF INSTITUTION: \_\_\_\_\_

COURSE TITLE (S)	COURSE # (S)	START DATE	END DATE

TYPE OF TRAINING: CONTINUING EDUCATION  EXTENSION  CORRESPONDENCE

COURSE COSTS: \_\_\_\_\_ Have you applied for any financial assistance? \_\_\_\_\_

BOOKS/MATERIALS \_\_\_\_\_ Name of program or grant: \_\_\_\_\_

TOTAL: \_\_\_\_\_ Amount of assistance received: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ (Attach all Receipts)      Yes      No

Department: \_\_\_\_\_ Accepted      Rejected      Reason for Rejection: \_\_\_\_\_

Department Head/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To: Human Resources Department: \_\_\_\_\_ Accepted      Rejected

Reason for Rejection: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Human Resources use only:

Account #: \_\_\_\_\_ Vendor #: \_\_\_\_\_

PO #: \_\_\_\_\_

REIMBURSEMENT:

75% \_\_\_\_\_

50% \_\_\_\_\_

PAYMENT	DATE	CHECK #	AMOUNT
FIRST			
SECOND			

Notes: \_\_\_\_\_