

EDUCATION REIMBURSEMENT FORM

Employee's Name	FIRE DEPARTMENT
Position Employee #	Telephone Number

REIMBURSEMENT:

Course	Grade	Number of Credit(s)	Reimbursable Cost (Tuition & Fees)
TOTAL:			

The following documents are attached for review and verification:

- Transcript
 Receipts
 Other

I fully understand that the City will reimburse me the state rate for tuition and other course fees. Should I leave the employment of the City, as provided by policy, I will reimburse the City the cost of tuition and fees.

Employee Signature _____ Date _____

APPROVAL:

Battalion Chief	Date
Assistant Division Chief of Training	Date
Division Chief of Training	Date
Fire Chief	Date
Assistant City Manager/HR & Risk Management Director	Date

*Attach proof of course completion.
 *Reimbursement of tuition cost: A = 100% B = 75% C = 50%