

THE CITY OF TOLEDO TUITION REIMBURSEMENT APPLICATION
PLEASE PRINT LEGIBLY

SECTION A - APPLICANT INFORMATION

EMPLOYEE NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

DIVISION: _____

SSN: _____ WORK PHONE _____

OTHER PHONE _____

(Circle One) Local 7 Local 2058

Teamsters Local 20 Exempt

SECTION B - SCHOOL INFORMATION

SCHOOL NAME: _____

JOB RELATED? Y or N

ADDRESS: _____

SEEKING A DEGREE? Y or N

If yes, what degree? _____

IS IT? 1) Semesterly or Quarterly
 (circle one) 2) for certificate program or required for degree

If no, what is it: (circle one)

A: Certificate Program

B: Additional Job-related Training

If pursuing a degree:

How many hours required for the degree? _____

How many hours are left before completion? _____

PLEASE FILL IN THE INFORMATION BELOW			
Course Title & Number	Course Start Date	Course End Date	Cost of Tuition per course

PLEASE EXPLAIN OR ATTACH A DESCRIPTION OF THE SUBJECT MATTER INCLUDED IN THE COURSE(S).

EMPLOYEE SIGNATURE -- DATE: _____

SIGN: _____

SECTION C - DIVISION/DEPARTMENT REVIEW AND APPROVAL

The applicant has sufficient service time to be eligible for the tuition reimbursement program.

The courses/s or degree program list is related to the applicant's current job with the City or, shows a clear path to qualification for another Classification within the City plan

The applicant's work schedule and course schedule do not conflict.

The application was received within specified time requirements (minimum of 30 days prior to the start of classes).

AGENCY HEAD AUTHORIZATION -- DATE: _____

SIGN: _____

HUMAN RESOURCES AUTHORIZATION -- DATE: _____

SIGN: _____