

CITY OF CHICO
TUITION REIMBURSEMENT CLAIM FORM

EMPLOYEE INFORMATION				
Employee Name:				
Job Title:		Department:		
Date of Hire:		Date of Claim:		
Program Title:		Institution Name:		
COURSEWORK PRE-APPROVAL INFORMATION				
# of Units Completed:		Cost of Units: \$		
Class Name:	Grade:	Units:	Start Date:	End date:
Class Name:	Grade:	Units:	Start Date:	End date:
Class Name:	Grade:	Units:	Start Date:	End date:
Total Reimbursement Amount:		Payment Date:		
REIMBURSEMENT REQUEST INFORMATION				
I <input type="checkbox"/> Have <i>Type of Assistance:</i> <i>Amount Awarded: \$</i> <input type="checkbox"/> Have Not received non-refundable financial assistance for this educational program.				
I <input type="checkbox"/> Have attached receipts of costs paid for courses and/or materials and proof of course completion. Further, I attest that the above information is true and correct, and I understand that any misrepresentation of any information regarding this claim shall result in a denial of tuition reimbursement and may result in disciplinary action.				
Employee Signature:		Date:		
DEPT DIRECTOR REVIEW				
Dept Director Name:				
Dept Director Signature:		Date:		
HUMAN RESOURCES REVIEW				
Course Approval Given: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Courses Approved:		
Amount of FA/Awards: \$		Amount of FA Applied to This Claim: \$		
Cost of Courses: \$		Cost of Program Materials: \$		
Prior Reimbursement Deducted: \$		Amount Approved for Payment: \$		
HR Dept Representative Name:				
HR Dept Representative Signature:		Date:		
PAYROLL REVIEW				
Notes:				
Payroll Dept Representative Name:				
Payroll Dept Representative Signature:		Date:		

