

DuPage County Tuition Reimbursement Pre-Approval Form



EMPLOYEE INFORMATION

Name		Phone Number	
Department	Position	Employee Number	

The course must be taken for college credit at an accredited educational institution and the degree must be job related. One year (full-time) employment required.

School Attending (Name/Address)	
Course Title and Description (attach a copy of course description from catalog)	
Course Date From:	To:
Type of degree	
Major	
Total Amount of Request (tuition only)	

TUITION REIMBURSEMENT AGREEMENT

I _____, do certify that the course(s) for which I am seeking reimbursement
(print name)
are consistent with the DuPage County Personnel Policy 6.4 Tuition Reimbursement.

I understand that as a full-time employee, tuition may be reimbursed up to \$2,500 per year, providing a grade of C or better is obtained. Upon completion of the course, I will provide proof of payment and a copy of my grade(s). **PLEASE NOTE:** (1) All receipts for reimbursement must be submitted within 90 days of completion of the course, and (2) reimbursement will be paid ninety (90) days after completion of course.

By signing this form, I understand that reimbursement will be dependent on the approval of my Department Head/Elected Official, and Human Resources Representative **prior to the start of the course.** I further understand that it is my responsibility to submit supporting documentation to the Human Resources Department.

Employee Signature _____ Date _____

Department Head Approval _____ Date _____

Human Resources Approval _____ Date _____

TO BE COMPLETED BY HUMAN RESOURCES

Funds Paid to Date this Year (): _____	Reimbursement amount for the approved course(s): _____
Funds Paid this Year for Course(s) Completed Last Year (): _____	Pay date: _____
Available Funds: _____	Hire Date: _____