

**APPLICATION FOR TUITION REIMBURSEMENT**  
CO-101 11/2006



**IMPORTANT! THIS APPLICATION MUST BE SUBMITTED TWO WEEKS PRIOR TO THE BEGINNING OF THE COURSE(S) TO YOUR AGENCY APPROVAL OFFICER.**

**NOTE:** Upon completion of course(s) you must SUBMIT 2 COPIES OF ALL RECEIPTS and PROOF OF PASSING to your AGENCY APPROVAL OFFICER by Feb. 1st, fall & summer courses, June 1st, spring courses.

NAME (Last)		(First)	(Middle)	TR NUMBER	EMPLOYEE NUMBER	<b>IMPORTANT</b> COLLECTIVE BARGAINING UNIT CODE			
HOME MAILING ADDRESS NAME (No. and Street)			(City or Town)	(State)	(Zip)	DEPARTMENTAL PAYROLL CODE			
TITLE		AGENCY NAME			WORK TELEPHONE NO.				
WORK ADDRESS (No. and Street)			(City/Town)	(State)	(Zip)	WORK EMAIL ADDRESS			
EDUCATION INSTITUTE (Name)				START			FINISH		
				Mo.	Day	Yr.	Mo.	Day	Yr.
ADDRESS (No. and Street)				(City or Town)		(State)		(Zip)	
<b>COURSE INFORMATION</b>	<b>TITLE AND NUMBER OF COURSES</b>							<b>NUMBER OF CREDITS</b>	
	1.								
	2.								
	3.								
	The above courses are	<input type="checkbox"/> Graduate Course	<input type="checkbox"/> Undergraduate Courses	Reportable?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, see page 2 for note. <b>TOTAL CREDITS</b>	
OBJECTIVE IN TAKING THIS COURSE (S) OR CURRICULUM									
<b>COST IMPORTANT</b> Be sure to show the cost of EACH CREDIT as well as the total cost of all credits in applicable spaces at the right PAYMENT IS SUBJECT TO AVAILABLE FUNDS!		CHARGE PER CREDIT	\$	X	TOTAL NO. CREDITS	TOTAL = CREDIT COST	\$		
		Service Fee (Community Colleges Only)						\$	
		Laboratory Fee						\$	
		Other Fees						\$	
		Sub Total						\$	
		LESS - Financial-Aid Received from Other Sources						\$	
		<b>NET COST</b>						\$	
<b>APPLICANTS CERTIFICATION</b>		I certify that I am familiar with regulations for tuition-reimbursement and will comply with them. I will notify the Agency Approval Officer if a course is failed or dropped.							
		SIGNED (Applicant)					DATE (Mo., Day, Yr.)		
<b>AGENCY RECOMMENDATION</b>		I have reviewed the tuition guidelines and this application. ("X" APPROPRIATE BOX) I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT recommend this person's participation.							
		IF APPLICATION IS DENIED, STATE REASON AND FORWARD TO THE REVIEW COMMITTEE							
		AGENCY APPROVAL OFFICER (Signature)			DATE	EMAIL	TELEPHONE NO.		
<b>FOR USE IF APPLICATION IS NOT APPROVED</b>		STATE PERSONNEL TUITION REIMBURSEMENT COORDINATOR'S DECISION							
		SIGNATURE					DATE		
<b>FOR AGENCY USE ONLY</b>		AMOUNT TO BE REIMBURSED	NON-REPORTABLE	REPORTABLE	DATE RECEIPT AND GRADES SUBMITTED	DATE PAYMENT REQUESTED			
		\$	\$	\$					
<b>FOR OSC USE ONLY</b>		PRIORITY LIST DATE	DEPARTMENT ID	REVIEWED BY:	DATE	PROCESSED BY:	DATE		

**DISTRIBUTION:** - Agency - Comptroller Fiscal Policy Division -Employee