



City of Richmond Human Resources Department TUITION ASSISTANCE APPLICATION

Important Notice: Please read the Tuition Assistance Policy. After completion, send entire form to your Appointing Authority or designee.

EMPLOYEE DATA

APPLICATION FOR: (Check one) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer						Year:	
Date:							
Social Security No.			Name:				
Present Address Street & Apt. No.							
City:		Zip Code:			Home Phone:		
Department:			Bureau/Division:			Work Phone:	
Job Title:				Date of Employment:			

COURSE INFORMATION

Name of School:				Address:			
List course(s) for which you are requesting assistance. (Attach verification of payment)							
	Course Number	Course Title	Start Date	End Date	Credit Hours	Cost per Credit	Total Tuition
1							\$
2							\$
3							\$

Explain how course(s) is (are) related to your work or to your field of endeavor. (Be specific):

Type of Program:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Richmond Technical Center
Major or Certificate Sought:			
Will you receive Financial Assistance from another source for the course(s) for which you are requesting Tuition Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list type of assistance:			Amount:

In accordance with the Virginia Privacy Protection Act, the information requested will be used to determine your eligibility for Tuition Assistance. I hereby apply for reimbursement in accordance with the established "Tuition Assistance Policy" and the requirements of the Department of Human Resources. I have read the policy and I understand and agree to comply with its provision. I also certify that the information above is correct.

Signature of Applicant: _____	Date: _____
-------------------------------	-------------

DEPARTMENT RECOMMENDATION

I have reviewed this application and recommend its approval.	
Signature of Department Director or Designee: _____	Date: _____

DEPARTMENT OF _____

- Application for Tuition Assistance has been approved for reimbursement.
 Application for Tuition Assistance has been disapproved

Reason:

Department Coordinator _____	Date: _____
------------------------------	-------------

FOR DEPARTMENTAL USE ONLY

Invoice Number:		
Date Application received:	Date Verification received:	
Final Grade (s)	Date Received:	Amount of Reimbursement: \$
Payment: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Department Coordinator Signature: _____		Date: _____