

Tuition Reimbursement Form for STAFF NURSES

Instructions: Please print legibly or type. Completed applications must be forwarded with appropriate documentation (i.e., copy of conference, workshop brochure or course description, proof of payment, proof of attendance or student transcript).

IDENTIFYING INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Telephone No: _____ EID # _____
(Employee Identification Number)

School: _____ School Address: _____

School Telephone No.: _____

COLLEGE/UNIVERSITY AND/OR CONFERENCE, WORKSHOP, COURSE INFORMATION:

Degree Presently Held: _____ Degree or Certificate Being Sought: _____

College/University or Institute of Attendance: _____

Address: _____

Semester of Attendance: ___ Fall ___ Spring ___ Summer

List Job-Related Course(s) or Workshop(s):

1. _____ Date: _____ / _____ / _____ TO _____ / _____ / _____
Mo. Day Year Mo. Day Year

Cost for conference, workshop or course: \$ _____

2. _____ Date: _____ / _____ / _____ TO _____ / _____ / _____
Mo. Day Year Mo. Day Year

Cost for conference, workshop or course: \$ _____

3. _____ Date: _____ / _____ / _____ TO _____ / _____ / _____
Mo. Day Year Mo. Day Year

Cost for conference, workshop or course: \$ _____

Total Tuition Cost Submitted: \$ _____

NOTE: Late Fees and Program Fees are not paid for by Tuition Reimbursement and are the responsibility of the applicant.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE OF SCHOOL HEALTH

I have reviewed the enclosed documentation and have determined that the above listed course(s) are job-related and are provided by an appropriate organization/institution. This request for Tuition Reimbursement is deemed appropriate and hereby approved for reimbursement.

_____/_____/_____
Signature Date

Central Business Office

I hereby authorize payment for the above course(s) based upon the documentation submitted by the applicant and the above attestation by the Office of Related and Contractual Services

_____/_____/_____
Signature Date