



Office of School Health

Mailing Address: 42-09 28th Street, CN 25R, Long Island City, NY 11101, Attn: Nursing Unit/CU 20-81

Tuition Reimbursement Form for STAFF NURSES
Fax 347-396-8947 or email to bbutler1@health.nyc.gov

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 passing grade or student transcript).

Last Name: _____ First Name: _____

(Employee Identification #) _____ School Assignment _____ Dist.: _____

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

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

College/University or Institute of Attendance: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Semester of Attendance (check one): ___ 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.

Fax this form along with the signed IMPREST form and your documentation to: 347-396-8947.