

Education Tuition Reimbursement Form

Employee Information

Name: _____

Employee ID: _____

Position: _____

Department: _____

Work Email: _____

Phone Number: _____

Course Information

Institution Name: _____

Degree/Certification Pursued: _____

Program Type: Undergraduate Graduate Professional Development

Start Date: _____ End Date: _____

Course List and Reimbursement Details

Course Name	Course Code	Credits	Tuition Fee

Total Tuition Cost: _____

Reimbursement Amount Requested: _____

Supporting Documents Required

- Enrollment Confirmation
- Payment Receipts
- Final Grade Report

Employee Certification

I certify that all the above information is correct and I have reviewed my company's reimbursement policy.

Employee Signature:

Date: _____

Manager Approval

- Approved
- Denied (Reason:

_____)

Manager's Name: _____

Signature: _____

Date: _____

HR Department Approval

HR Representative:

Signature: _____

Date: _____