

REIMBURSEMENT FORM FOR ASSISTANCE IN CAREER DEVELOPMENT
FOR EDUCATIONAL SUPPORT PERSONNEL

To process your tuition request ALL requested information must be provided. Incomplete forms will be returned.

Name: _____ Employee ID #: _____

School/Department: _____ Date: _____

For Summer Payment/Home Address: _____

Indicate the date(s) course(s) were completed:

Course/Workshop: _____ Date: _____

Course/Workshop: _____ Date: _____

The following must be attached for payment:

Copy of college grade report or certificate of completion from the seminar/workshop

Proof of payment (receipt stamped paid or canceled check)

Please submit this completed form and the required attachments to the Human Resources Department.



FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Payment Authorized: \$ _____

Account #: **01-12-91-00-0-7171-000-00**

For:

Signed by Coordinator of HR - ESP: _____ Date: _____

Signed by Director of Human Resources: _____ Date: _____