

City of Newport News

Tuition Reimbursement Application

Name:	Employee ID#:
Department:	Employment Start Date:
Job Title:	

Course #	Course Title	Start Date	End Date	Cost per Credit	Credit Hours	Total Tuition

Please explain how this course(s) will benefit you and the City:

Name and Location of Institution:
Institution Accredited By:
Check those that apply: <input type="checkbox"/> Job Related Course <input type="checkbox"/> Career Development <input type="checkbox"/> Enrolled in Degree Program <input type="checkbox"/> Undergraduate/Major _____ <input type="checkbox"/> Graduate/Major _____
Eligible to Receive Tuition Assistance from Another Source? _____ Yes _____ No If yes, state the source and amount:

I certify that the information above is accurate. I understand that to receive reimbursement I must submit tuition receipts and evidence of final grades received in Human Resources within thirty (30) days of the completion of the course. I also understand that in the event I resign from employment or am terminated due to inappropriate conduct from the City within one (1) year of receiving tuition assistance, I am responsible for the repayment of the assistance amount.

Employee's Signature:	Date:
Supervisor's Signature:	Date:
Department Director's Approval:	Date:
Application Reviewed By (HR):	Date:
Application Approved By (HR):	Date: