



CITY OF BALTIMORE

TUITION REIMBURSEMENT

INSTRUCTIONS:

1. EMPLOYEE

- a.) Print legibly or use typewriter.
- b.) Complete all applicable sections. Be sure to sign the "EMPLOYEE'S AGREEMENT" section.
- c.) Remove "Employee's Initial Copy" and give remaining sheets to your immediate supervisor. Await copy from Department of Human Resources (DHR) indicating approval or disapproval of your request.
- d.) After approval of your request by Department of Human Resources and after successful completion of your courses, give the following items to your agency head: 1 copy of grade report, 1 copy of tuition payment receipt. After verification and processing of these items, payment will be sent to you.

2. IMMEDIATE SUPERVISOR AND AGENCY HEAD: See Administrative Manual 219-1 for processing details.

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NO.	BUSINESS PHONE NO.	DATE OF THIS REQUEST
AGENCY NAME		BUREAU NAME	DIVISION NAME	
EMPLOYEE'S JOB TITLE		JOB CLASS NO.	JOB-RELATED DEGREE SOUGHT? <input type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, GIVE NAME OF DEGREE:	
NAME OF SCHOOL		SCHOOL ADDRESS		

COURSE INFORMATION						FOR DHR USE ONLY
COURSE NO.	COURSE TITLE	COURSE DATES		CREDIT HRS.	COST	AMOUNT APPROVED
		FROM	TO			
MO.	YR.	MO.	YR.			
ADMINISTRATIVE AND LABORATORY FEES <small>Administrative fees cover registration, library, student activity, student union fees, mandatory fees for accident insurance and health service, and a one time application fee for admission. (Fill in only if you are eligible for reimbursement of fees. See Administrative Manual 219-1 for details.)</small>						
		COST	DESCRIPTION OF FEE			
		\$				
		\$	← TOTAL FEES. ALSO ENTER HERE →		+	+
GRAND TOTAL					\$	\$

EMPLOYEE'S AGREEMENT	<p>I understand that I am obligated to serve as a City employee for one year after completion of any of the above courses for which I have received tuition reimbursement. I further understand that if I leave City employment for any reason (except lay-off) before the end of this one year period, I must repay to the City of Baltimore all tuition reimbursement received for the above courses.</p> <p style="text-align: right;">_____ EMPLOYEE'S SIGNATURE</p>
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RECOMMENDATIONS	IMMEDIATE SUPERVISOR	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (SPECIFY REASONS)	TYPED NAME _____ DATE _____ SIGNATURE _____
	AGENCY HR OFFICER	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (SPECIFY REASONS)	TYPED NAME _____ DATE _____ SIGNATURE _____
	AGENCY HEAD OR DESIGNEE	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (SPECIFY REASONS)	TYPED NAME _____ DATE _____ SIGNATURE _____

FOR DEPARTMENT OF HUMAN RESOURCES USE ONLY		
REQUEST IS: <input type="checkbox"/> DISAPPROVED (SPECIFY REASONS):	<input type="checkbox"/> APPROVED FOR THE AMOUNT SHOWN ABOVE	
NAME AND TITLE OF DHR OFFICIAL	SIGNATURE	DATE

FOR AGENCY USE ONLY: PROCESSING FOR PAYMENT			
PAYMENT TO EMPLOYEE OF THE FOLLOWING AMOUNT IS AUTHORIZED →	AMOUNT \$	AGENCY HEAD SIGNATURE	DATE