City of Oceanside, Human Resources Dept. Training and Employee Development Division Phone (760) 435-3511 Fax (760) 435-6511

Attn: Alicia Hicks

REQUEST FOR REFUND OF TUITION

SECTION 1 - PRE APPROVAL - TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

		·
NAME OF EMPLOYEE:		POSITION:
DEPARTMENT:		NAME OF SCHOOL:
COURSE	DATES OF COURS	IE
EMPLOYEE'S STATEMENT OF COURSE RELATIONSHIP TO EMPLOYMENT:		
ESTIMATED COST:		
TUITION EXPENSE FOR THIS COURSE:		S/MATERIALS:
TYPE OF DEGREE (YOU MUST SELECT ONE FOR PROCESSING) ASSOCIATES BACHELORS MASTERS ASSOCIATE DEGREE BONUS BACHELOR DEGREE BONUS JOB RELATED CERTIFICATE PROGRAM FOR COLLEGE CREDIT I AGREE TO SUBMIT DOCUMENTED PROOF OF PAYMENT FOR ALL EXPENSES INCLUDED IN THIS REQUEST AND PROOF OF FINAL GRADES RECEIVED FOR THE ABOVE COURSE.		
EMPLOYEE SIGNATURE:		DATE:
SECTION 2 – UPON COMPLETION – TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)		
IF YOUR TUITION REIMBURSEMENT IS APPROVED, PLEASE RETAIN THIS FORM UNTIL YOU COMPLETE THE ABOVE		
COURSE AND RESUBMIT FORM WITH TOTAL COST OF COURSE TO BE REIMBURSED. FINAL COMPUTATION OF		
REIMBURSEMENT IS BASED ON PROGRAM GUIDELINES AND BALANCE AVAILABLE PER FISCAL YEAR APPROVED.		
ACTUAL AMOUNT REQUESTING TO BE REIMBURSED:		
EMPLOYEE SIGNATURE:		DATE:
PERSONNEL USE ONLY – DO NOT WRITE BELOW		
APPROVED: DAT	E:	FISCAL YEAR BALANCE
DISAPPROVED: DAT	E:	
AMOUNT PROCESSED BY TRAINING OFFICER (PERSONNEL USE ONLY)		
•	APPROVED BY:	