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AM 219-1-1

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Tuition and Education Assistance Request Form

Employee Name: _____

Title: _____ Date: _____

Department/ Division: _____ Work Location: _____

Employee Status Full-Time Part-time/Temporary

Section I: To be completed by the Employee

TYPE OF EDUCATION ASSISTANCE: (SELECT ONLY ONE)

- GED / High School Diploma
- Associates Degree
- Master's Degree
- Other: _____
- Certification/Vocational
- Bachelor's Degree
- Doctoral Degree

TUITION ASSISTANCE CRITERIA:

- A requirement in a job related degree seeking program?
- Preparing for higher lever duties or other career at COB?
- Preparation for a job-related examination or certification?

Please provide explanation of how request meets on or more of the criteria selected above:

COURSE INFORMATION:

Institution/ Organization	Title	Begin/End Dates	Credit Hours (if applicable)	Cost

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PRINT FORM AND FOLLOW REMAINING DIRECTIONS TO BEGIN APPROVAL PROCESS

Certifications

- I certify that all information listed above is true and correct. I understand that any false or misleading information given in my application could result in the revocation of tuition assistance funds. _____ (Initial)
- I acknowledge having received a copy of the Tuition and Educational Assistance Policy and understand that I am responsible for compliance with the policies & procedures contained therein. _____ (Initial)
- I attest that I have read the procedures and guidelines of the Tuition and Educational Assistance Policy and understand that it is my responsibility to ask questions of the Human Resources Department if there is information that I do not fully understand. _____ (Initial)
- I understand the guidelines represent only current policies, procedures, regulations and benefits and that the City of Baltimore may make changes without prior notice. _____ (Initial)
- If I voluntarily or involuntarily separate from the City of Baltimore for any reason other than reduction of force within 12 month of receiving tuition assistance, I agree to repay any reimbursement paid to me during that 12 month period. _____ (Initial)
- I understand that if I fail to repay any amount owed, the City of Baltimore t may take legal action to obtain the reimbursement. _____ (Initial)

Signature of Employee

Print Name

Date

Forward to Your Immediate Supervisor for Additional Processing

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Section II: Approvals
To be completed by the Immediate Supervisor/Manager, Agency HR and Agency Head

Approve

Disapprove

Reasons: _____

Immediate Supervisor Signature

Date

Employee is eligible for tuition reimbursement.

Selected course of study is eligible for tuition reimbursement.

Agency HR Signature

Date

Funding for this request is available

Approve

Disapprove

Reasons: _____

Agency Head Signature

Date