

Tuition Assistance and Training Request

Employee Name _____ Employee Number _____

Department _____ Position _____

Course/Seminar _____ Cost of Course/Seminar _____

Tuition Assistance Yes No

Date(s) of Course/Seminar	Time(s)
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____

Completion Date ____/____/____

Location of Course/Seminar _____

Relevance to current job

Skills to be developed/improved

Employee Signature _____ Date ____/____/____

Approved Denied

Supervisor/Manager Signature _____ Date ____/____/____

Grade Received _____ **Date of Disbursement** ____/____/____