



**Department of Defense, Veterans and Emergency Management  
Tuition Reimbursement Request Form**

**Application**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bureau/Division: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Classification: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course No. \_\_\_\_\_

Degree Program (if applicable): \_\_\_\_\_

School Sponsoring Course: \_\_\_\_\_

School Billing Address (including Zip Code): \_\_\_\_\_

School offers at least an Associate Degree? Yes \_\_\_\_\_ No \_\_\_\_\_

School awards grades for the course above? Yes \_\_\_\_\_ No \_\_\_\_\_

Location course offered: \_\_\_\_\_

Day(s)/Time(s) \_\_\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_

Tuition: \$ \_\_\_\_\_ Fees: \$ \_\_\_\_\_ (Please specify type) \_\_\_\_\_

Requesting:

Total Cost: \$ \_\_\_\_\_ # Credits \_\_\_\_\_ Course Audit \_\_\_\_\_

For Affirmative Action Purposes – Voluntary

Male \_\_\_\_\_ Female \_\_\_\_\_ Race/National Origin: \_\_\_\_\_

**Justification:** Please check one.

\_\_\_\_\_ Requesting initial approval of participation in a degree program. (Employee must write explanation of how course will assist in his/her state government career.)

\_\_\_\_\_ Degree Program Approval on File

\_\_\_\_\_ Course not part of a degree program. (Employee must write explanation of how course will assist in his/her state government career.)

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**Employee:** Please send original to immediate supervisor.

Signed: \_\_\_\_\_ Witness \_\_\_\_\_

Employee Name Printed: \_\_\_\_\_

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**Immediate Supervisor:** Please indicate recommendation, sign, and then forward application to Bureau Director.

Recommend Approval

Recommend Disapproval

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Bureau Director:** Please indicate recommendation, sign, then forward application to Deputy Commission, DVEM.

Recommend Approval

Recommend Disapproval

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Deputy Commissioner:**

Pursuant to DVEM Policy and Procedure Statement 19-02, I approve the request for tuition reimbursement for the degree program/course described above.

Signed: \_\_\_\_\_ Name Printed: \_\_\_\_\_

**Forward to Bureau Director, DVEM Financial Analyst, HR Service Center**