



**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 _____

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.)

Employee: Please send original to immediate supervisor.

Signed: _____ Witness _____

Employee Name Printed: _____

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

Recommend Approval

Recommend Disapproval

Comments: _____

Signed: _____ Date: _____

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

Recommend Approval

Recommend Disapproval

Comments: _____

Signed: _____ Date: _____

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