

# Employee Tuition and Training Reimbursement Form

Please complete this form to request reimbursement for approved tuition and training expenses. Print the completed form and obtain the necessary signatures for processing.

## Employee Information

Employee Full Name:

Employee ID:

Department:

Job Title:

Email Address:

Phone Number:

## Course / Training Information

Course or Seminar Title:

Educational Institution or Provider:

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Degree or Certification Goal:

## Expenses and Reimbursement Details

Total Tuition / Course Cost (\$):

Requested Reimbursement Amount (\$):

Business Justification / Job Relevance:

## Signatures and Approvals

Employee Signature:

Date:

Manager Signature:

Date:

HR Representative Signature:

Date: