



CITY OF CHESAPEAKE
REQUEST FOR REIMBURSEMENT
TUITION REIMBURSEMENT PROGRAM

DEGREE/SKILLS DEVELOPMENT PROGRAM

DEGREE PROGRAM APPLICANTS: Please complete and submit this form, a copy of your final grade(s) AND an **acceptable receipt*** to the Department of Human Resources within thirty (30) calendar days after completion of an approved course.

SKILLS DEVELOPMENT PROGRAM APPLICANTS: Please complete and submit this form along with documentation which demonstrates a passing score or attainment of the professional certification or license to the Department of Human Resources, along with an **acceptable receipt*** within thirty (30) calendar days after completion of an approved course.

GENERAL INFORMATION

Employee Name	Employee #
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ACADEMIC INFORMATION

DEGREE PROGRAM		
Course Title	Final Grade	
SKILLS DEVELOPMENT PROGRAM		
Course Title	Score Received	Indicate the license or certificate that you received after completion of this course

***Acceptable receipts from the school/program you identified on your original application must be itemized to reflect: payment was for tuition, the amount paid, date paid and employee identification.**

I acknowledge that the information that has been provided on this application is accurate and complete.

Employee Signature **Date**

TUITION ASSISTANCE PROGRAM COORDINATOR ONLY – Do Not Write Below This Line

The Employee will be reimbursed for the approved amount of \$ _____

This application for funding is denied. *Reason(s) listed below:*

- Employee did not obtain a minimum grade of “C” in his/her undergraduate course
- Employee did not obtain minimum grade of “B” in his/her graduate course
- Employee did not pass the skills development course examination
- Employee has not provided documentation to show successful completion of coursework
- Employee has submitted this application and supporting documentation after the thirty (30) calendar day deadline
- Other: _____

Signature: _____ **Date:** _____