



City of Pasadena

Tuition Reimbursement Request

TRF/HR/ODT 03-09

This form must be approved by both your Department Director and Human Resources prior to the start date of the class

Part One: Application

Employee Name: _____ Request Date: _____

Department/Division: _____ Classification: _____

Category (check ONE): Unrepresented AFSCME IBEW IUOE PACTE PFMA
 PMA PPSA PPOA PFFA SEIU Other (Specify) _____

Educational Objective (such as "AA degree"): _____

Knowledge/Skill Area:				
Educational Institution:				
Address:				
Course Title	Start Date	End Date	Class Days/Times	Credit Hours
				_____ <input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				_____ <input type="checkbox"/> Semester <input type="checkbox"/> Quarter

Are you eligible for tuition reimbursement assistance from any other source? Yes No

If "yes", please include information about the type and amount of other tuition reimbursement assistance for which you are eligible.

I understand that my enrollment in this course is voluntary, is not considered hours of work and/or employment, and no compensation is earned.

Employee Signature _____
Date

Department Head Approval: _____ (Signature) Date: _____

Human Resources Approval: _____ (Signature) Date: _____

Part Two: Reimbursement Request

I have completed the coursework as specified and approved above. Having received a grade of C or better, I am hereby requesting \$_____ in tuition reimbursement. I have attached the appropriate grade certificate and tuition receipt(s).

(Employee Signature) _____
(Date)

Department Head Approval: _____ (Signature) Date: _____

Human Resources Approval: _____ (Signature) Date: _____

Reimbursement due to the employee: \$ _____ To be charged to Account **8272-504-487000**

Finance Department Authorization: _____ (Signature) _____
(Date)