



CITY OF OXNARD
TUITION REIMBURSEMENT APPLICATION
(Confidential Employee)

MUST BE APPROVED BEFORE CLASS REGISTRATION

NAME _____ DATE _____

DEPARTMENT/DIVISION _____ POSITION _____

COURSE AND TITLE NO. _____

SCHOOL _____ DATE STARTS _____ ENDS _____

APPROXIMATE COST OF TUITION/BOOKS: _____

BRIEF DESCRIPTION OF CONTENT:

How will this course benefit the City and your work with the City?

What is your educational objective?

I have read and understand the tuition reimbursement policy.

Employee Signature Date

Department Director Signature Date

Human Resources Department Use Only:

Employee is **Approved/Denied** for tuition reimbursement of 75 percent of total upon submission of proof of successful completion of approved course(s) and proof of payment.

Human Resources Director Date

- Distribute copies to:**
1. Personnel File
 2. Department Director

3. Employee