



CITY OF OXNARD
TUITION REIMBURSEMENT APPLICATION
(OPSMEA)

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 \_\_\_\_\_

Chief of Police 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. Fire Chief/Police Chief
3. Employee

FY Reimbursement Total \$ \_\_\_\_\_