



CITY OF OXNARD
TUITION REIMBURSEMENT REQUEST
(Confidential Employee)

TO: Human Resources Director Date \_\_\_\_\_

FROM: \_\_\_\_\_ Department/Division \_\_\_\_\_

Degree Objective \_\_\_\_\_

Position \_\_\_\_\_ Employee Number \_\_\_\_\_

SUBJECT: Request for Reimbursement for an Approved Course of Study

Request payment of tuition reimbursement for satisfactory completion of an approved course of study. The total cost of the course as shown on the attached receipt(s) was \_\_\_\_\_

This course of study was previously approved for tuition reimbursement for 75 percent, up to \$5,000 per fiscal year, of approved costs including tuition, books and required course materials.

The following documents are attached:

- 1. Signed Reimbursement Application
2. Proof of Completion of Course
3. Proof of Tuition Payment

Employee Signature Date

Department Director Signature Date

Human Resources Department Use Only:

TO: General Accounting/Accounts Payable

The above employee is approved for payment of tuition reimbursement in the amount of \$ \_\_\_\_\_

Human Resources Director

Date

Distribute copies to:

- 1. Personnel File
2. Department Director
3. Employee

Previous reimbursement(s)