



CITY OF OXNARD
TUITION REIMBURSEMENT REQUEST
(IUOE)

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 of 50 percent up to \$500 per fiscal year, for 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)