



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 \$ _____