

COURSE REIMBURSEMENT REQUEST FOR CLASSIFIED EMPLOYEES

INSTRUCTIONS: Complete this form prior to enrollment. After successful completion of the course, submit receipts to the Business Office for reimbursement along with a copy of this approved form.

Employee Name: _____

Place of Assignment: _____

Job Title: _____

College or School Name & Location: _____

Course Dates:
Beginning: _____ Ending: _____

Course Name & Number	Credit Hours	Describe how course is related to current job, (Attach catalog course description)	Cost (Tuition)

(Employee Signature) Date

Approved: *Disapproved:*

Supervisor's Signature Date

Approved: *Disapproved:*

Personnel Officer Signature Date

DISTRIBUTION: Original, Employee Personnel File – Copies to employee, supervisor, accounts payable