

TUITION REIMBURSEMENT APPLICATION FORM

IMPORTANT NOTICE: This application will NOT be considered if submitted to the Office of Human Resources later than 30 days after the date classes begin.

Send this form to your College President or Vice Chancellor for signature; then forward to the Office of Human Resources, Benefits Division. Please complete all requested information.

Employee Type: Local 1708

Employee ID: _____ Name: _____
Last First M

Address: _____ Zip Code: _____

College or District Department: _____ Unit: _____

Title: _____ Work Phone: _____ Home Phone: _____

Name of School: _____ Address: _____
 Term: () Semester () Quarter Are you in a Degree Program? () Yes () No

If YES
 () Undergraduate Major: _____ Credit Hrs Already Completed: _____
 () Graduate Major: _____ Credit Hrs Already Completed: _____

** OR **

() Vocational/Technical Certificate sought: _____

List all courses for which you are currently registered.

1	Course Number	Course Title	Start Date	End Date	Tuition	Credit Hours
1						
2						
3						
4						

I hereby apply for reimbursement in accordance with the established "Tuition Reimbursement Policy" and requirements of the Office of Human Resources. I have read the policy as stated and understand its provisions. The policy may be viewed at: [http://ccc.edu/HR FORMS/files/Local 1708 Tuition Reimbursement Policy.pdf](http://ccc.edu/HR_FORMS/files/Local%201708%20Tuition%20Reimbursement%20Policy.pdf). I further understand that I am responsible for the submission of my original grade report and proof of payment no later than 30 days after the last day of class to the Office of Human Resources, Benefits Division. In addition, I certify that the information given above is correct.

Signature of Applicant _____ Date _____

I hereby certify that the applicant's degree program or individual courses(s) presented above are related to the applicant's current or probable future work with City Colleges of Chicago and that I approve this application for tuition reimbursement.

Signature (President/Vice Chancellor) _____ Title _____ Date _____

The Office of Human Resources Approved Disapproved and Reason: _____

 Vice Chancellor
 Human Resources & Staff Development