



OFFICE OF COURT ADMINISTRATION Request for Tuition Reimbursement

Name: _____ SSN (optional): _____ Hire Date: _____

Program/Division: _____ Org. Code: _____ PCA: _____

Classification Title/Salary Group: _____ Percent Employed: _____

• The course work is: _____ Undergraduate _____ Graduate _____ Certificate

• If course is part of a degree plan, check here _____ and attach a copy of the degree plan:

Degree Seeking: _____ Major: _____ Hours Needed to Complete: _____

Name of School: _____		City/State: _____	
Semester: (circle) Fall Spring Sum I Sum II		Date Class Begins: _____	Date Class Ends: _____
Course Name Title (attach a copy of the course description for each course listed)	Credit Hours	Tuition Cost per Credit Hour	Total Tuition Cost
Total Tuition Requested*			

* \$600.00 maximum reimbursement per fiscal year

I am requesting tuition reimbursement for the course work listed above. I have read and understand my responsibilities as stated in the OCA Training and Education program policy. This course work or degree plan is directly related to my current OCA position because: _____

Employee Signature: _____ Date: _____

_____ I recommend approval of this request. I confirm that this employee meets eligibility criteria, has satisfactory job performance and the course work is directly related to his/her current position.

_____ I recommend disapproval of this request because: _____

Supervisor's Name: _____ Supervisor's Signature: _____ Date: _____

Division Director Name	Signature	(circle) Approve / Disapprove	Date
		Approve / Disapprove	
		Approve / Disapprove	