

CITY OF TRAVERSE CITY

Request for Assistance and
Authorization for Participation
in Education Reimbursement Plan

Name of Employee: _____ Department: _____

Classification or Job Title: _____

College Level Course or approved non-credit short term courses:

Name of Accredited Institution of offerer: _____

Title of Course(s): _____ Credit Hours: _____

Number of Weeks _____ Starting Date _____

If this course(s) is taken as part of a degree program, give degree, major and credit hours earned to date: _____

Tuition Fee

\$ _____

I agree to show here any cash benefits resulting from aid or scholarship: \$ _____

I want to take this (these) course(s) because: _____

I wish to enroll in the above course(s). I understand that this program is voluntary, and that my participation and study are not considered as hours of work or employment, and that no compensation will be paid for it. I must also maintain the grade point average contained within the language of the collective bargaining agreement and/or City policy.

Date: _____ Signature: _____

Supervisor's Comments: Indicate how this course(s) directly relates to the individual's job and his/her specific development plan: _____

Supervisor's Signature _____

Note: This form must be completed prior to the commencement of the course(s).

Human Resources Department:

Authorization for Reimbursement in the amount of \$ _____ initiated on Date _____

Signature: _____

Authorization for Reimbursement in the amount of \$ _____ initiated on Date _____

Signature: _____