

City of Villa Rica

Tuition Reimbursement Application

DEPARTMENT RECOMMENDATION

() Approved () Denied

Reason:

Department Head Signature: _____

Date: _____

CITY MANAGER APPROVAL

This request is: () approved () denied

Reason:

City Manager Signature: _____

Date: _____

City of Villa Rica
Tuition Reimbursement Application

Name: _____

Department: _____

Course Name(s): _____

Course Date(s): _____

Degree Sought: _____

If degree program, estimated time period for completion: _____

Name of Institution: _____

Address of Institution: _____

Expected Course Expenses:

Tuition: _____

Fees: _____

Total: _____

Development Objective:

Value of Degree or Courses to City of Villa Rica:

Please attach a brief outline of the courses included in the program from the college catalog

I understand if this request is approved, reimbursement will be contingent upon successful completion of each course and submission of all receipts and paid bills must be made within 90 days of course completion. If employee terminates employment with the City within two years of completing a program of study or six months from completing a course, all expenses incurred will be reimbursed to the City.

Employee Signature: _____