

Tuition Reimbursement Request and Authorization

Refer to your employer's training and development policy or Collective Bargaining Agreement and RCW 41.06.133 and WAC 357-34-030. Submit the completed form to your supervisor/manager.

Employee Information

Date of Request: Employee's Payroll Name:

Employee ID: Agency, Division, Section:

Phone: Mail Stop:

Position Number: Classification:

Title(s) of Course, Training or Activity:

Sponsor & Location (School, Agency, Vendor, etc.):

Course Date(s): Course Time(s):

Quarter Hour Equivalent Credits:

(Semester credit hours: 15 hours = 1 credit) (Quarter credit hours: 10 hours = 1 credit)

Tuition Fees: \$ Registration Fees: \$

Justification:

I certify that I did not/will not receive reimbursement from any other public fund, source or grant for this request.

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Signature: Date:

Authorizing Supervisor/Manager

Employee's Status:

Permanent Non-Permanent/Temporary

Recommend Approval (explain in comments section below)

Do Not Recommend Approval (explain in comments section below)

Total Agency Reimbursement Received by Employee during the past 12 months: \$

Program Index:

Is this course, training or activity a component of employee's Performance & Development Plan?

Yes No

Comments:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Signature:

Date:

Designated Approving Authority

Approval status

Approved

Not Approved (explain in comments section below)

Comments:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Signature:

Date:

Payment Approval

Employee must submit proof of completed course, training or activity.

Course Completion Date:

Authorized Amount: \$

Course Completion Status

Employee successfully completed course per agreement.

Request for payment submitted to Financial Office.

Approved By:

Date: