Tuition and Education Assistance Request Form

Employee Name: __________________________________________

Title: ____________________________________________________  Date: ______________________

Department/ Division: _______________________________  Work Location: ______________________

Employee Status  □ Full-Time  □ Part-time/Temporary

Section I: To be completed by the Employee

TYPE OF EDUCATION ASSISTANCE: (SELECT ONLY ONE)

□ GED / High School Diploma  □ Certification/Vocational
□ Associates Degree  □ Bachelor’s Degree
□ Master’s Degree  □ Doctoral Degree
□ Other: ________________________________________________

TUITION ASSISTANCE CRITERIA:

□ A requirement in a job related degree seeking program?
□ Preparing for higher lever duties or other career at COB?
□ Preparation for a job-related examination or certification?
Please provide explanation of how request meets on or more of the criteria selected above:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
__________________________________________________________________________________

COURSE INFORMATION:

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<tr>
<th>Institution/Organization</th>
<th>Title</th>
<th>Begin/End Dates</th>
<th>Credit Hours (if applicable)</th>
<th>Cost</th>
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Tuition and Education Assistance Request Form

PRINT FORM AND FOLLOW REMAINING DIRECTIONS TO BEGIN APPROVAL PROCESS

Certifications

☐ I certify that all information listed above is true and correct. I understand that any false or misleading information given in my application could result in the revocation of tuition assistance funds. _________ (Initial)

☐ I acknowledge having received a copy of the Tuition and Educational Assistance Policy and understand that I am responsible for compliance with the policies & procedures contained therein. _________ (Initial)

☐ I attest that I have read the procedures and guidelines of the Tuition and Educational Assistance Policy and understand that it is my responsibility to ask questions of the Human Resources Department if there is information that I do not fully understand. _________ (Initial)

☐ I understand the guidelines represent only current policies, procedures, regulations and benefits and that the City of Baltimore may make changes without prior notice. _________ (Initial)

☐ If I voluntarily or involuntarily separate from the City of Baltimore for any reason other than reduction of force within 12 month of receiving tuition assistance, I agree to repay any reimbursement paid to me during that 12 month period. _________ (Initial)

☐ I understand that if I fail to repay any amount owed, the City of Baltimore may take legal action to obtain the reimbursement. _________ (Initial)

________________________________  ____________________________  ________________
Signature of Employee  Print Name  Date

Forward to Your Immediate Supervisor for Additional Processing
Section II: Approvals

To be completed by the Immediate Supervisor/Manager, Agency HR and Agency Head

☐ Approve ☐ Disapprove

Reasons:____________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

Immediate Supervisor Signature ___________________________________________ Date __________

☐ Employee is eligible for tuition reimbursement.

☐ Selected course of study is eligible for tuition reimbursement.

_________________________ __________________________
Agency HR Signature Date

☐ Funding for this request is available

☐ Approve ☐ Disapprove

Reasons:____________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Agency Head Signature ___________________________________________ Date __________