

CITY OF OMAHA
APPLICATION FOR TUITION REIMBURSEMENT

This application must be submitted to the applicant's Department Director within thirty (30) days following the end of registration. Copies of documents showing the **COST OF TUITION/FEES** of course(s) taken and a student schedule listing course(s) taken must be submitted with this application to be eligible for consideration. Failure to do so will render the application ineligible.

Name _____	Employee ID No. _____		
Address _____	City/State: _____ Zip Code _____		
Home Phone _____	Work Phone _____ Department _____		
Division _____	Unit/Bureau _____ Job Title _____		
Employment Date _____	Work Hours _____ School _____		
Term Begins _____	Term Ends _____ Major _____		
Degree Being Sought: ☐ Associate ☐ Bachelors ☐ Masters ☐ Other			
Receiving other tuition funding: ☐ Yes ☐ No If yes, please list: _____			
Course No.	Course Title	Credit Hours	Course Times
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POSITION/CAREER DEVELOPMENT INFORMATION (How do the course(s) or degree sought relate to your current job or career development within the City of Omaha?)

AGREEMENT

I hereby certify that I have read the "Tuition Reimbursement Policy" and that I agree to follow all the requirements of that policy and to be bound by its terms.

The cost of books, materials, and parking are not included. I further understand that no refund will be made until I submit proof of satisfactory completion (i.e., a "C" grade or better; a "pass" on a pass-fail system; or, when no formal grade is given, a certificate of satisfactory completion). This proof must be submitted* within sixty (60) days of completion of the course(s). If I fail to submit the proof of satisfactory completion within 60 days, I will be ineligible for reimbursement. I also certify that I am not receiving a scholarship, a tuition payment, or a tuition reimbursement from any other program administered through or by the City of Omaha, the State of Nebraska, the Federal Government, the school, or any other source.

I understand that any false information provided pursuant to this Application will be grounds for denial of reimbursement, and appropriate disciplinary action.

Employee's Signature

Date

**Proof of completion must be submitted to applicants' department*

This Application was received on _____ by _____.

Date *Department Director*

☐ This application is Approved and the appropriate funds will be reserved for payment to the employee upon successful completion.

☐ This application is Denied. Reason: _____

Copy sent to the Employee and Human Resources Department on _____.

Date