

Pre-Approval for Tuition Reimbursement

To be eligible for reimbursement of 50% of tuition, books and lab fees, employees must complete and submit this form for approval of the Department Head, Human Resources Manager and City Administrator before registering for a Bachelor's degree or a class.

Eligible classes must be job-related and a benefit to the City or they must be part of a degree program which has been approved by the City Administrator. Satisfactory completion (receipt of C or better or a passing grade) of the course is required for reimbursement. When a "Request for Expense Reimbursement" form is submitted, a receipt for payment of tuition and lab fees, grade transcript, and copy of the completed pre-approval form must be attached.

Reimbursements are on a first come, first served basis and shall not exceed the department budget.

Please complete this form and give it to your department head who will forward it to the other reviewers. The original will be placed in your personnel file and a copy will be returned to you.

Employee name: Kurtis G. ULRICH	Department: Admin.
Employee number: 109850	Position: City Administrator
Class name: DPA 8993 - Independent Study Discretion III	Number of credit hours: 4
Cost of Tuition per Credit (minus all fees): \$175.00	Estimated Cost of Books: \$100.00
School name: Hamline University	School address (1): St. Paul, MN.
Course dates: Jan to June 2019	School address (2):
To be completed by the HR Manager: This employee has been approved by the City Administrator for enrollment in a job-related post-secondary educational program.	
Yes, approval date	No

How is this class related to your job? Research related to municipal issues.

How will your taking this class benefit the City? Benefit by gaining additional knowledge.

My signature below indicates that I understand the terms of the Tuition Reimbursement Policy, including the following provision: In the event an employee leaves the City, any reimbursement for education received during the 12 months prior to leaving must be returned to the City by the employee.

[Signature] 1-3-19

Employee Signature

Request has been: Approved Denied

Department Head's Signature Date Date

Human Resources Manager's Signature Date Date

City Administrator's Signature Date Date