

TNC COMMUNITY
TUITION REIMBURSEMENT APPLICATION

Name: _____

Hire Date: _____ Position: _____

Educational Background: _____

| Name of Course(s) | Date to Begin | Date to End | Cost |
|-------------------|---------------|-------------|------|
| | | | |
| | | | |
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| | | | |
| | | | |

Name and address school: _____

State why you think this course(s) should prove beneficial both to you and to TNC
Community: _____

Employee Signature/Date Supervisor Signature/Date

DO NOT WRITE BELOW THIS LINE

Date Received in Personnel: _____
Does employee qualify for reimbursement? Yes _____ No _____
Approved _____ Disapproved _____
Amount of Reimbursement: _____

Executive Director Signature/Date

Grade(s) Tuition Receipt

Check Request

Reimbursement completed: _____
 Signature Date