



Human Resources

1420 Miner Street, Des Plaines, IL 60016

P: 847.391.5486 | W: desplainesil.gov

**Step 1: Tuition Reimbursement Program Application**

**PART I: EMPLOYEE SECTION**

**Employee Information (Please print clearly)**

First Name	Middle Initial	Last Name	Date:
Department:	Position Title		
Phone:	Primary Contact Email:		

**DEGREE ONLY: Program Information (Please print clearly)**

Is this for a Degree (Non-Degree Programs on Page 2)	Yes	or	No
Name of School:			
Location of School:			
Undergraduate	or	Graduate	(Select One)
Area of Study:			
Total Credit Hours Required (attach your required courses):			
Program Start Date:			

**Describe specifically how this degree contributes to maintain or improve your current job skills, contributes to your professional development, and/or contributes to your department of the City as a whole.**

**FIRE ONLY:** Will you be requesting the Foreign Fire Insurance Board (FFIB) to contribute funds towards this course of study?

Yes or No (If yes, you must have the FFIB sign this request)

**Program Information Continued (Please print clearly)**

Is this for an Adult Continuing Education Program/ Professional Continuing Education Program/Training Program (for degree programs Page 1).                      Yes                      or                      No
Name of Educational Institution:
Location:
Total Number of Courses:
Name of Course(s):
Is the Course Required for a Certificate?                      Yes                      or                      No
If Yes, Name of Certificate:
Dates of Course(s):
<b>Describe specifically how this course contributes to maintain or improve your current job skills, contributes to your professional development, and/or contributes to your department of the City as a whole.</b>
<b>FIRE ONLY:</b> Will you be requesting the Foreign Fire Insurance Board (FFIB) to contribute funds towards this program? Yes                      or                      No                                      (If yes, you must have the FFIB sign this request)

**Estimated Tuition Reimbursement Requested (Please print clearly)**

<b>Note:</b> Books, Fees and other education expenses are not eligible for reimbursement (City Reimbursement Only)	
Est. Tuition Costs (per course):	
<b>FIRE Only</b> Estimated FFIB Contributions (includes tuition, books and fees)	
Less Other Financial Assistance Received:	
Total Reimbursement:	

**THE FOLLOWING DOCUMENTS WILL BE REQUIRED FOR REIMBURSEMENT**

- (Degree and Certification Only) List of course required for degree or certification completion, including elective course, from the institution’s academic course catalog
- Proof of completion of course(s) including grades (where applicable)
- Proof of tuition payment (**NOTE:** Only receipts issued by the named institution will be accepted as proof of tuition payment)
- **Foreign Fire Reimbursement Only:** Proof of payment for breaking out all tuition, book expenses, and fees issued by the named institution to be paid by the FFIB.

**Employee Certification**

I certify that the information submitted on this *Tuition Reimbursement Program Application* is accurate to the best of my knowledge. I hereby release my attendance and grade records for this course or course of study for the purpose of verifying my participation and completion.

I have read and fully understand the City’s “Tuition Reimbursement Program Policy” and accept all its terms and conditions. I understand that reimbursement is conditional upon my satisfactory completion of the course and upon availability of funds. I understand that if I separate employment with the City of Des Plaines within two (2) years of receiving reimbursement funds, I am required to repay one hundred (100) percent of reimbursement funds that I received in the twenty-four months (24) prior to my separation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: FOREIGN FIRE INSURANCE BOARD SECTION (FFIB REQUESTS ONLY)**

<input type="checkbox"/>	The above requested program is approved by the FFIB.
<input type="checkbox"/>	The above requested program is <b>not</b> approved by the FFIB.
FFIB Designee Signature: _____ Date: _____	

**PART III: DEPARTMENT DIRECTOR SECTION**

	The above requested program is <b>directly job-related</b> , the employees <b>job performance is satisfactory</b> and will be reimbursed at the coverage levels described in the Policy.
	The above request program is <b>not</b> job-related and <b>will not be reimbursed</b> .
	<b>FIRE CHIEF ONLY for FFIB:</b> The above requested program is <b>directly job-related</b> , the employees <b>job performance is satisfactory</b> and will be reimbursed at the coverage levels described in the Policy. I also approve funds as requested by the Foreign Fire Insurance Board.
Department Director Signature: _____ Date: _____	

**PART IV: HUMAN RESOURCES SECTION**

	The above requested program is <b>directly job-related</b> and will be reimbursed at the coverage levels described in the Policy.
	The above request program is <b>not</b> job-related and <b>will not be reimbursed</b> .
	Funding is unavailable at this time.
Human Resources Director Signature: _____ Date: _____	

**PART V: CITY MANAGER SECTION**

	Request Approved
	Request Denied
Comments:	
City Manager Signature: _____ Date: _____	