



HUMAN RESOURCES

1420 Miner Street
 Des Plaines, IL 60016
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 Desplainesil.gov

**TUITION REIMBURSEMENT PROGRAM
 REQUEST FOR REIMBURSEMENT**

EMPLOYEE INFORMATION

Employee Name:	Position:
Department:	Division:

REQUEST FOR REIMBURSEMENT

Name and Description of Degree Program or Course (please attach any supporting documents):	
Name of College or Institution:	
Enrollment Date:	Completion Date:
Total Amount of Tuition Paid (please attach proof of payment): (Note: fees and other costs related to the course are not allowable for reimbursement)	
Grade Earned and Percent of Tuition Allowable for Reimbursement (please attach grade report): <input type="checkbox"/> A – 100% <input type="checkbox"/> B – 90% <input type="checkbox"/> C – 75% <input type="checkbox"/> Pass – 75%	
Total Amount Requested for Reimbursement:	

EMPLOYEE ACKNOWLEDGEMENT

I have read and fully understand the City’s “Tuition Reimbursement Program Policy” and accept its terms and conditions.	
Signature:	Date:

APPROVALS	DEPARTMENT HEAD	HR DIRECTOR	FINANCE DIRECTOR	CITY MANAGER
Signature:				
Date:				

Copies: (1) Personnel File (1) Employee (1) Department Head



STEP 3: TUITION REIMBURSEMENT REPAYMENT AGREEMENT

The City of Des Plaines (the City) agrees to provide _____ (full name) with \$ _____ (amount total from table below) in Tuition Reimbursement Funds pursuant to the following repayment terms:

1. Employee remains employed with the City during the two-year period following receipt of the funds.
2. If Employee separates their employment with the City at any time within two years of receiving the funds:
 - a. Employee agrees to repay 100% of the funds received: \$ _____.
 - b. Repayment will be deducted from Employee’s final compensation (if available).
 - c. If the amount owed exceeds the amount of the Employee’s Final compensation, Employee agrees to repay the remaining amount to the City within 30 days of the day that employee separated with the City.
3. Does this complete your program? (select only one) Yes No
4. Please include proof of payment, proof of course completion (including grades), and list of financial assistance (including scholarships and grants) received for tuition purposed. If this completes your program, please submit a copy of your diploma and final transcripts. **Note:** books fees and other educational expenses are not eligible for reimbursement.

Cost Per Course:	Total Courses:	Total grants/scholarships received:	Total Reimbursement Requested:

 Employee Signature

 Date

 Human Resources Director Signature

 Date

 Finance Director Signature

 Date