



City of Urbandale Tuition Reimbursement Request

Section 1: Employee Request

Name (Print): _____ Request Date: _____

Current Position: _____ Phone: _____

Department Director: _____ Department: _____

Check one: [] Seminar/Workshop/Conference [] College Course(s) [] Other: _____

Major/Degree or Seminar/Course Title: _____

School or Organization: _____

Date(s) of Attendance: _____ Total Hours Training (college: hours/semester): _____

Total Cost (including tuition per semester; books; fees): \$ _____

What specific knowledge or skill will you learn: _____

How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced responsibilities?

I hereby certify that I have received a copy of the City of Urbandale's Tuition Reimbursement Policy, and understand and agree to the terms of the policy.

Please note that if you leave the City of Urbandale's employment and are under the tuition repayment parameters as outlined in the Employee Handbook, any accrued vacation or compensatory time that would typically be paid out at separation will be withheld and put toward repayment of the tuition debt.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Attach description of training and provide to your Department Director and Human Resources for approval.

Do not register until request has been approved by the City Manager. Once approved, submit a copy of your completed registration to Human Resources.



Section 2: Approvals

Review and approve based on appropriateness, cost, scheduling, and quality of training.

Department Director: _____ Date: _____

Human Resources Director: _____ Date: _____

Approve and forward to City Manager

Review and approve for quality of training and/or make recommendations for other resources.

City Manager: _____ Date: _____

If not approved, recommendations for other resources:

Section 3: Process Reimbursement

Return Reimbursement Form, along with a copy of transcripts or final course grades to Human Resources once your semester or seminar/course is complete. Human Resources will return copy of request form and original copy of registration form with payment.

Approve and forward to Finance

Employee Transcript/Grades Received: _____ Date: _____

Approved for Reimbursement

Human Resources Director: _____ Date: _____

Reimbursement Completed by (Finance): _____ Date: _____