

**BPCC Final Request for Tuition Reimbursement
And Employment Continuation Agreement**

Name: _____ Employee ID #: _____

Department: _____ Job Title: _____

Office phone: _____ Cell/home phone: _____

Tuition Assistance Program – up to 6 credit hours per term

Institution: _____ Term: _____

Course	Title	Hours/CEUs	Class period (time/days) (Ex: T, TH 9-10)	Completion Date

Total reimbursement requested: _____. Reimbursement may not exceed eligible tuition and mandatory attendance fees for a maximum of six credit hours per semester.

A copy of my transcript is attached providing proof that I have satisfactorily completed the courses listed above. All other necessary receipts are attached to support my request for reimbursement of tuition. My signature below attests to their authenticity and my completion of the required coursework.

Applicant's signature Date

I approve the above request.

Supervisor's signature Date

I attest that the employee meets the program requirements for the above stated request

Office of Human Resources Date

APPROVAL AT THIS TIME DOES NOT GUARANTEE CONTINUED APPROVAL.

NOTE: Place in employee file.