

Tuition Assistance Application

Purpose

The *Tuition Assistance Application* is used to request reimbursement for approved class costs or to request payment authorization validation required to register for a class.

Usage

A *Tuition Assistance Application* is completed whenever an eligible employee has successfully completed a class or is requesting to register for a class eligible for tuition assistance.

Attributes

The *Tuition Assistance Application* is a two page electronic form. To access this form, select the HR web page, or type <http://cityweb/humanresources>, then go to DOCUMENTS\FORMS and select Tuition Assistance Application [FORM9416].

Completion and Filing

This form must be completed in full, with supervisory authorization. Insure that the following information is completed:

- Employee, supervisor, and Human Resources sections are completed and **signed**.
- A copy of the brochure, registration form, or course description is attached.
- A copy of a cancelled check or statement of payment on the Educational Institution's letterhead or other official form, including the dollar amount paid, is attached.
- A copy of the grade report, transcript, certificate of completion, or statement of attendance on the Educational Institution's letterhead or other official form is attached.
- All courses on this application are in the SAME fiscal year. (July 1st to June 30th).

The original is forwarded to the Office Assistant (at O/EDS) of the Human Resources Department. A supervisory approved copy should be retained by the employee.

Distribution

Supervisor*

Employee*

Office Assistant (at O/EDS)*

Employee Services Specialist (at Employee Services)

Manager – Employee Services (at O/EDS)

Ownership

The Manager – Employee Services (at Organization and Employee Development Services) is responsible for ensuring that this document is necessary and that it reflects actual practice and City policy. Questions concerning this form should be directed to the person listed above.

Tuition Assistance/Reimbursement Application

PART 1 – TO BE COMPLETED BY EMPLOYEE

Type of Assistance request: Tuition Assistance Tuition Refund

Name: _____ Previous Name(s): _____
 SSN: _____ Agency Name: _____ Division: _____
 Class Title: _____ Is this request for a Sworn Officer Yes No
 Employee status: Charter Appointed Elected Permanent Provisional Full time
 Office Address: _____ Office phone: _____ Fax: _____
 E-mail address: _____
 Home address: _____ City: _____ Zip code: _____ Home phone: _____
 Name of School: _____ Address: _____
 Does this request refer to classes in a program: Yes No, IF yes, type of program: Undergraduate Post Degree Graduate Professional Development Vocational Training

Course Name	Course Days	Course Times	Course start date	Course end date	Credit hours	Tuition Cost	Total Costs (Tuition, Registration & Lab fees, Text Books)

How will this course be of value in your work with the City of Detroit?
 Will you receive financial assistance from any other source? Yes No, IF yes, Amount: _____,
 Source: _____

I hereby authorize _____ to release any information from my school files requested by the Human Resources Department of the City of Detroit.
Name of Educational Institution
 Employee Signature _____ Date: _____

PART 2 – TO BE COMPLETED BY THE SUPERVISOR

Is employee on Workers Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No Are these courses related to applicant's current occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I recommend approval of this application and believe the course(s) is of value to this employee's performance as a city employee and the course times will NOT interfere with the proper performance of the employee's duties. <input type="checkbox"/> I do NOT recommend approval of this application. Reason: _____	How long has the employee worked for the City of Detroit? _____ Years Are these courses related to applicant's reasonable promotional opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The information contained on this application is complete and accurate, as of _____ :
date

Supervisor's Name: _____ Signature: _____

PART 3 – TO BE COMPLETED BY THE HUMAN RESOURCES CONSULTANT

Is employee serving an initial probation period (new hire)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I recommend approval of this application and confirm this employee's eligibility to participate in the Tuition Assistance Plan. <input type="checkbox"/> I do NOT recommend approval of this application. Reason: _____	Is employee in a grant funded position? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The information contained on this application is complete and accurate, as of _____ :
date

Human Resources Consultant Name: _____ Signature: _____

PART 4 – TO BE COMPLETED BY THE TUITION ASSISTANCE OFFICE, O/EDS DIVISION, HRD

This application has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied ON Date: _____ Reason for Denial: _____	Authorized Fiscal Year maximum: Assistance Previously Approved: Authorized Assistance Amount:
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Reviewer's Printed Name: _____ Reviewer's Signature: _____

Fiscal Year: -	Authorized Payment:	Anticipated Payment Date is three (3) weeks from Review Date above. If you do not receive payment within this time period, please contact the Tuition Assistance office.
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