



TOWN OF ROCKY HILL
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www.rockyhillct.gov

**TUITION REIMBURSEMENT REQUEST
FOR COMPLETED COURSE(S)**

(Rev. 08/22/2019)

INSTRUCTIONS: Use this form: 1) after the “Tuition Reimbursement Budget Approval” is submitted; and 2) after the course(s) requested for reimbursement is completed. Upon completion of the course(s), submit this form, final grade(s) and proof of course payment to Human Resources in order to receive reimbursement.

Today’s Date: _____ Request for Fiscal Year: _____

Employee Name Union Name

Title of Position Department

Name of Educational Institution: _____

Type of Degree: Certificate Associates Bachelors Masters

Name of Course(s): _____

Date Course(s) Began: _____ Date Course(s) Ended: _____

Total Cost to Employee: _____ Reimbursement Amount Requested: _____

Have you previously submitted a request for budget approval for this course(s)? YES NO

Have you attached your final grades to this request for reimbursement? YES NO

Have you attached proof of course payment to this request for reimbursement? YES NO

What address should the reimbursement should be sent to?

Address City State Zip Code

Employee Signature Date

DEPARTMENT HEAD APPROVAL:

Signature Date