



City of West Des Moines TUITION REIMBURSEMENT REQUEST

Please submit this form prior to the start date of your selected courses

Name: _____ Department: _____

School Attending: _____

Courses 1) _____ Number of Credits: _____

2) _____ Number of Credits: _____

3) _____ Number of Credits: _____

Tuition Cost Per Hour: \$ _____ Total Tuition Cost: \$ _____

Semester: FALL SUMMER SPRING / Year 20_____

Starting and Ending Dates of Course(s): _____

Day of Week and Time of Course(s): _____

Give a brief explanation of the course content: _____

How will these courses benefit you in your employment with the City? _____

If applicable, please give estimated completion date of degree: _____

Do you have any grants, scholarships, fellowships, etc. that will be received to offset the cost of tuition?

Yes No If yes, please attach details.

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____

Supervisor Comments: _____

Reimbursement Approval:

Department Director: _____ Date _____

Human Resources Director: _____ Date _____

City Manager: _____ Date _____

Reimbursement Breakdown:

Tuition Reimbursement Available \$ _____

Prior Requests Approved This Year \$ _____

Balance Remaining \$ _____

Eligible Reimbursement this Request \$ _____

Balance Remaining \$ _____

Percentage _____%

Tax Free? Yes No