



## TUITION REIMBURSEMENT REQUEST

*"Knowledge is Power"*

NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

NAME OF COURSE(S): \_\_\_\_\_

NAME OF SCHOOL OR TRAINING FACILITY: \_\_\_\_\_


COST PER CREDIT HOUR: \$ \_\_\_\_\_ NO. OF CREDIT HOURS: \_\_\_\_\_

START DATE: \_\_\_\_\_ COMPLETE DATE: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

### NOTE – THE FOLLOWING MUST BE ATTACHED:

- ✓ Tuition Invoice or Statement
- ✓ Grade Report
- ✓ Proof of Payment (e.g., cash receipt, canceled check, charge slip, etc.)
- ✓ Approved Request and Authorization for Training

 *By signing, the employee acknowledges that he/she understands all of the terms of the Ultra Technologies' Educational Assistance Program. The employee acknowledges that should he/she voluntarily separate from Ultra Technologies, Inc. he/she is required to reimburse Ultra Technologies, Inc. for any tuition funds received within six (6) months prior to the separation.*

### SIGNATURES

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

HUMAN RESOURCES: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNTING : \_\_\_\_\_ DATE: \_\_\_\_\_