

DUPONT HOSPITAL

TUITION REIMBURSEMENT APPLICATION

Name _____ Position _____

Department _____ Full Time _____ Part Time _____

Date of Hire _____ Employee Number _____

School Attending _____

If you are receiving financial assistance from another source, please identify the source and amount _____

If you are working toward a degree or certification, indicate type _____

Session: _____ Fall _____ Spring _____ Summer

Class(es):

1. Class Name _____ Tuition \$ _____
Date Class Begins _____ Date Class Ends _____

2. Class Name _____ Tuition \$ _____
Date Class Begins _____ Date Class Ends _____

3. Class Name _____ Tuition \$ _____
Date Class Begins _____ Date Class Ends _____

My signature certifies that the above information is accurate and any discrepancies or omissions could result in disciplinary action.

Team member Signature _____ Date _____

The above request is: Approved _____ Denied _____

Reason for Denial: _____

Executive Signature _____

Amount approved for this application \$ _____ Balance for school year \$ _____

Human Resources Signature _____ Date _____

