

TNC COMMUNITY
TUITION REIMBURSEMENT APPLICATION

Name: _____

Hire Date: _____ Position: _____

Educational Background: _____

Name of Course(s)	Date to Begin	Date to End	Cost

Name and address school: _____

State why you think this course(s) should prove beneficial both to you and to TNC Community: _____

Employee Signature/Date _____ Supervisor Signature/Date _____

DO NOT WRITE BELOW THIS LINE

Date Received in Personnel: _____

Does employee qualify for reimbursement? Yes _____ No _____

Approved _____ Disapproved _____

Amount of Reimbursement: _____

Executive Director Signature/Date _____

_____ Grade(s) _____ Tuition Receipt

_____ Check Request

Reimbursement completed: _____

Signature

Date