



## Request for Tuition Reimbursement

I am requesting Tuition Reimbursement upon completion of the following courses in the amount of \$ \_\_\_\_\_ \*

Name of College or Educational Program: \_\_\_\_\_

Anticipated Degree: \_\_\_\_\_

| Course Name | Credit Hours Per Course | \$ Per Credit Hour | Fees/ Books | Course Start Date | Course End Date |
|-------------|-------------------------|--------------------|-------------|-------------------|-----------------|
| 1.          |                         |                    |             |                   |                 |
| 2.          |                         |                    |             |                   |                 |
| 3.          |                         |                    |             |                   |                 |
| 4.          |                         |                    |             |                   |                 |
| 5.          |                         |                    |             |                   |                 |

The purpose in taking the course(s) is: \_\_\_\_\_

\_\_\_\_\_

Employee Name

Department

Date of Hire

Last 4 digits of SSN

Current Position

Date

Work Status – Full or Part Time & Bi-weekly Scheduled Hours

***By signing below, I understand and agree that should my employment with Glens Falls Hospital end for any reason or should my status change to per diem within two (2) years of the Tuition Reimbursement payment date, I will be responsible to repay the approved Tuition Reimbursement amount. Repayment is expected within 60 days of the date of my termination or the date of my change to per diem status.***

Employee Signature

Date

Manager's Recommendation's: \_\_\_\_\_

\_\_\_\_\_

Manager signature

Date

► **Manager: Please forward completed form to Human Resources Department for approval.** ◀