



DEPARTMENT OF HUMAN RESOURCES MANAGEMENT

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399

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Tuition Reimbursement Final Approval Request Form

Employee's Town ID #: _____ Date of Request: _____

Employee: _____ / _____ Job Classification: _____
(Last Name) (First Name)

Department: _____ If Represented, Bargaining Unit (Union): _____

I wish to apply for Tuition Reimbursement Final Approval for the following College Course (one course per form):

Course Title: _____

Course Code Number: _____ Length of Course (number of credits hours): _____

College or University: _____

Cost of Tuition (the price of or payment for instruction): \$ _____ 80% of Cost Tuition = \$ _____

[] Yes [] No - A request for reimbursement of the following Associated Fees has been previously submitted.

Associated Fees (List all Associated Fees separately)

_____ \$

_____ \$

_____ \$

Total of Associated Fees \$ _____ 80% of Cost of Associated Fees = \$ _____

Total of 80% of Tuition and 80% of Associated Fees = \$ _____

- [] Yes [] No - A copy of the approved "Tuition Reimbursement Pre-Approval Request Form" is attached.
[] Yes [] No - A copy of the certificate or transcript received showing course completion with a grade of "C" or better (or grade of "pass" if course is "pass/fail") is attached.
[] Yes [] No - Documentation clearly indicating that the employee had paid Tuition for the course is attached.
[] Yes [] No - Documentation clearly indicating that the employee had paid Associated Fees for the course is attached.
[] Yes [] No - Funds such as grants [Florida Resident Access Grant (FRAG) and all others], scholarships, fellowships, or GI bill funds are available from which such Educational Expenses may be paid.
[] Yes [] No - No more that a total of \$3,500 in Educational Expenses Reimbursement has been requested for the current Fiscal Year.
[] Yes [] No - Tuition Reimbursement has been requested for no more than two (2) courses per semester.

I attest that the above information is true and complete. It is understood that an employee who voluntarily resigns or who is terminated may be required, upon employment separation, to reimburse the town for educational expenses if the employee has not completed two (2) years of paid continuous service after the course was completed.

Employee: _____ (Print Name) _____ (Signature) _____ (Date)

Department Director: _____ (Print Name) _____ (Signature) _____ (Date)

Tuition Reimbursement Final Approval Request: [] Approved [] Denied [] Returned for more information

Town Administrator: _____ (Print Name) _____ (Signature) _____ (Date)
or Designee

[] Yes [] No - Funds have been allocated and are available. [] Returned for: _____ (Reason)

Purchasing Division: _____ (Print Name) _____ (Signature) _____ (Date)
Staff Member