

**City of Wisconsin Rapids
Tuition Reimbursement Form**

Date of Request: _____

Employee Name: _____

Department: _____

Course Name: _____ Course Number: _____

Name of School: _____

Date Course to Begin: _____ To End: _____

Educational Objective: _____

Cost of Tuition to be Reimbursed to Employee: _____ \$ _____

Approved:

Department Head: _____ Date: _____

Human Resources Director: _____ Date: _____

Reimbursement Made:

Amount: _____

Date: _____

By: _____

All requests for tuition reimbursement are to be made prior to the start of the course. Upon successful completion of the course (grade of "C" or better) the original request with a copy of the tuition receipt and student grade report are to be submitted to the Human Resources Department and will be processed for payment.

Note: For each course taken, the employee will owe the City the same amount of work time, post education. For example, a normal school semester course normally takes about 6 months duration. Thus an employee who has completed one course will owe the City 6 months of employment. If the employee leaves the City's employment before the 6-month time period, then the employee shall repay a prorated amount of the amount paid for tuition reimbursement.

Job related educational expenses can be excludable from an employee's income as a "working condition" fringe benefit if the education is job related and maintains or improves job skills.