

**METRO WEST HOUSING SOLUTIONS
TUITION ASSISTANCE REQUEST**

LAST NAME:	FIRST	INITIAL	DATE	HIRE DATE
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SCHOOL NAME AND ADDRESS	COURSE(S)	CREDIT HOURS	START DATE	END DATE	TUITION OR FEE
1.					
2.					
3.					
TOTAL COST					

Have you received tuition reimbursement dollars this calendar year? If so, how much? \$ _____

Will the cost of the above course(s) be paid by any other fund sources (i.e. scholarship, subsidy, VA, etc.?) Yes _____ No _____

If so, what amount \$ _____

I understand that this form must be completed in full and submitted to my direct Supervisor along with a copy of the registration and proof of payment before any funds will be encumbered on my behalf.

I further understand that reimbursement of Tuition Assistance monies will be made only upon my successful completion (a grade "C" or better, or passing) of the above course(s). Proof of the grade(s) and proof of payment for the course(s) must be submitted to Human Resources prior to reimbursement. Reimbursement requests with the required documentation must be submitted by the following deadlines; otherwise, the funds will be re-allocated. January to June courses; deadline August 31. July to December courses; deadline February 28. Approved tuition reimbursements will be reimbursed on employee's paycheck.

Employee's Signature

Date

_____ Immediate Supervisor	Date _____	Recommended Approval:	(Circle) Yes No	
_____ Chief Financial Officer	Date _____	Recommended Approval:	Yes No	
_____ Deputy Executive Director/COO (forward to Director of Human Resources for processing)	Date _____	Recommended Approval:	Yes No	

HUMAN RESOURCES USE:

Approved _____ Yes, approved \$ _____

_____ No, reason: _____

\$ Paid _____ PP _____