

**TOWN OF MANCHESTER, CONNECTICUT  
TUITION REIMBURSEMENT APPROVAL FORM**

**Instructions:** Employee must complete and submit this form to his/her Department Head for approval of each course prior to starting coursework. **Approval is not given per degree program but per class.** It is the department's responsibility to assure that adequate funds have been budgeted in the fiscal year to cover the request. The Director of Administrative Services and General Manager will review requests to ensure that they meet guidelines set by contract or policy. Payment under this program will be made according to contract or policy provisions. The original completed form, with signatures, will be returned to the employee and a copy sent to the appropriate Department Head. If you leave Town employ for any reason within 3 years of being reimbursed under this program, the Town shall have deducted from any payouts the total amount of tuition and books received or develop a repayment plan for same.

**To Receive Payment:** A copy of the signed form, together with receipts for tuition and books and a transcript showing final grade must be submitted as documentation with the VRR and sent to Accounts Payable to receive appropriate payment upon course completion.

Employee Name: \_\_\_\_\_ Dept. \_\_\_\_\_

Job Title: \_\_\_\_\_

School/Educational Institution Name: \_\_\_\_\_

Are you enrolled in a degree program: Yes \_\_\_ No \_\_\_ If yes, degree: Associate's \_\_\_ Bachelor's \_\_\_  
Master's \_\_\_ Other \_\_\_

Subject or Concentration: \_\_\_\_\_

**Please attach a copy of the course description to this form. On page 2, please describe how this course directly relates to your current job assignment.**

Date of the course you are requesting tuition reimbursement: \_\_\_\_\_

\_\_\_\_\_ Course  
for which reimbursement is requested: (Show course title, tuition & book costs, and indicate if it is required for the above-described degree or describe how it is relevant to current job duties.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. DEPARTMENT HEAD:** Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of Department Head \_\_\_\_\_ Date \_\_\_\_\_

**B. HUMAN RESOURCES DEPT:** Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments/Other: \_\_\_\_\_

Signature of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

**C. GENERAL MANAGER:** Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments/Other: \_\_\_\_\_

Signature of General Manager \_\_\_\_\_ Date \_\_\_\_\_

*Return copy of fully-signed form to Human Resources to ensure a photocopy is placed in Personnel File.*

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**Explanation of how this course directly relates to current job assignment:**

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Explanation of how this course directly relates to current job assignment:**

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\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date