



M/C TUITION REIMBURSEMENT PROGRAM SUPERVISOR APPROVAL FORM

APPLICANT INFORMATION (Applicant Completes)

Applicant Name:

Employee ID Number:

Primary Email Address:

Home/Cell Phone Number:

Work Phone Number:

Name of Organization/Institution:

Course/Event Name:

Applicant Signature:

Date:

SUPERVISOR APPROVAL SECTION (Supervisor Completes)

Supervisor Name:

Supervisor Title:

Supervisor Email Address:

Supervisor Phone Number:

This application:

Meets the Criteria

Does Not Meet the Criteria

I attest to the authenticity of the statements in this application, as well as the enclosed documentation. All the information contained in this request is true and accurate. I have read and understand the guidelines to this program and agree to comply with all policies and procedures. Any deliberate mis-statement on this application represents grounds for exclusion from reimbursement program participation.

Supervisor Signature:

Date: