

CITY OF FLINT

TUITION REIMBURSEMENT APPLICATION

DEPARTMENT OF HUMAN RESOURCES APPROVAL _____

NAME _____ DEPT/DIV _____

BARGAINING UNIT _____ TOTAL TUITION _____

INSTITUTION _____ BEGINNING _____ ENDING _____

DEPARTMENT FUND # _____

CLASS SCHEDULE

TITLE _____

COURSE # _____ DAYS _____ TIMES _____

DESCRIPTION OF COURSE(S) _____

Along with this signed application form, the employee must submit the original tuition receipt and a copy of their grade. This is in accordance with the current agreement between the City of Flint and employee's bargaining unit.

I agree to remain a full-time employee for a period of one (1) year following completion of courses(s) or have deducted from my pay an amount as set forth in my union contract.

Employee's Signature