

# Tuition Reimbursement (TR) Application

**This application must be completed and uploaded into Dayforce at least 14 days before the first course begins unless otherwise specified in the applicable collective bargaining agreement or management compensation plan. All courses must be pre-approved to be eligible for tuition reimbursement funds upon completion of the course.**

Employee Name:		Employee ID (6 digits):		Hire Date:	Classification:	
Department – Division #	Bargaining Unit:	Work Hours:	Days Off:	Fire Unit #	Phone Number:	

Prior enrollment in the TR program? **NOTE:** The first application of any degree program and/or new institution must be accompanied by a letter of acceptance from the school  
YES ☐ NO ☐

Seeking a degree? Enter the name of your degree program or course of study:  
YES ☐ NO ☐

Coursework is related to employment with the City of Columbus? **NOTE:** If NO, include a justification memo to support a first application for any coursework unrelated to present employment  
YES ☐ NO ☐

Class schedule conflicts with the work schedule? If YES, provide an arrangement explanation:  
YES ☐ NO ☐

## List all of the details for the course(s) you are taking this term

	School Name	Course Type	Course ID	Course Name	Course Cost	Course Start Date	Course End Date	Credit Hours	Online Course	Class Schedule	
										Day	Time
Ex.	Franklin University	Graduate	MGMT 707	MBA Foundations	\$2,680.00	8/19/2024	9/28/2024	4	YES	N/A	N/A
1											
2											
3											
4											
5											
Eligible for grant or scholarship funds? If YES, enter \$ amount:						If NO, leave blank					
Total Course Costs:						<b>NOTE:</b> Refer to applicable collective bargaining agreement or management compensation plan for specific allowable course fees.					

**Once all of the listed course(s) are successfully completed, you may request the tuition reimbursement payment in Dayforce**

## CONDITIONS/ASSURANCES

- I certify that I am a full-time employee. I understand that approval of this application is subject to the terms of the collective bargaining agreement covering my employment. If I am not a member of any bargaining unit, I understand that the management compensation plan or other administrative directive may cover my participation in this program.
- I am responsible for submitting my application for approval of institution and course(s) pursuant to the time frame specified in my collective bargaining agreement or management compensation plan prior to the scheduled course(s) start date. Any changes to the information listed must be submitted in writing through my division/department tuition reimbursement coordinator to the Department of Human Resources.
- I understand that I may not be eligible to apply for tuition reimbursement while on an unpaid leave of absence, unauthorized leave of absence, disability leave, injury leave, and/or workers' compensation per the terms of my collective bargaining agreement or management compensation plan.
- I understand that the initial payment will be made at my expense. If eligible for grant or scholarship funds, I will declare the amount on this application. I certify that I will not receive duplicate payment from any governmental or private agency (e.g. scholarships, grants, veteran's assistance, military tuition benefits, union discounts, fellowships, other stipends, etc.) or any other source for the course(s) listed on this application. The City of Columbus follows the principle of being a "last payer of benefits".
- I must submit my official grade report/certificate and a detailed fee statement/invoice from the institution confirming successful completion of the listed course(s). If I am participating in a deferred tuition payment option with my school, I understand the deferral fees will not be reimbursed.
- I understand that I may be required to repay the City of Columbus for all or part of any reimbursement I receive while participating in the tuition reimbursement program pursuant to the terms of the applicable collective bargaining agreement or applicable management compensation plan.

**All information contained in this application is true to the best of my knowledge.**

Applicant Signature

Date

## APPROVALS/SIGNATURES

**Approving this tuition reimbursement application, I agree that the applicant meets all of the eligibility criteria listed below:**

- The applicant is full-time and has sufficient continuous service time to be eligible for the tuition reimbursement program.
- The educational institution in this application conforms to the specifications of the applicant's collective bargaining agreement (or applicable management compensation plan).
- The course(s) or degree program listed is related to the applicant's current job or may lead to career advancement within the City.
- The applicant's work schedule and course schedule do not conflict.
- The application was submitted within the specified time requirements.

Approve ☐

Deny ☐

Approve ☐

Deny ☐

Department Authorization

Date

Division Authorization

Date

Denial Reason: