

*Fayetteville Technical Community College*  
**REQUEST FOR TUITION REIMBURSEMENT**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Datatel #: \_\_\_\_\_

Fiscal Year/Semester: \_\_\_\_\_ Spring  Summer  Fall

Name of Course(s): \_\_\_\_\_

Amount Received  
This Fiscal Year: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

I am approved for up to \$500 per fiscal year under the former tuition reimbursement policy (prior to January 1, 2015)

I am approved for up to \$1,400 per fiscal year under the new tuition reimbursement policy (after January 1, 2015)

I agree that this amount can be off set from my wages if I leave FTCC employment the following year as stated in the Administrative Procedures Manual I-9.1.2.

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

- Attachment  
Check List:
- Request for Course Approval  
(Must be approved before enrolling in the course/s)
  - Proof of Payment
  - Grade Report

\_\_\_\_\_  
Dept. Chair or Program Coordinator Date

\_\_\_\_\_  
Associate Vice President Date

\_\_\_\_\_  
Division Chair or Supervisor Date

\_\_\_\_\_  
Vice President/Sr. VP (Division) Date

\_\_\_\_\_  
Dean or Director Date

\_\_\_\_\_  
Vice President for HR/IE Date

\_\_\_\_\_  
Sr. VP for Business and Finance Date