

CITY OF COLLEYVILLE

TUITION REIMBURSEMENT – REQUEST FOR REIMBURSEMENT

Employee Name _____ Date _____

Department _____ Position _____

Name of course(s) taken:

1. _____

2. _____

Name of accredited institution and address where course(s) were taken: _____

Dates course(s) were taken: From _____ To _____

Actual total cost: _____ Copy of grade report attached Receipt(s) attached

AFFIDAVIT

I hereby agree that should I be reimbursed for the tuition paid for the above stated course(s) of training, that I will not voluntarily leave the employ of the City of Colleyville for a period of two years from the date of course completion. I further agree that should I leave that employ of the City of Colleyville before the expiration of the two year period stated above that I will refund the City of Colleyville the full amount of the above stated tuition reimbursement or that I will allow the City to deduct such amount from my terminal pay.

Applicant Signature

Date

APPROVED:

Department Head

Date

City Manager

Date