



**Village of Mount Prospect
Mount Prospect, Illinois**

Tuition Reimbursement Request Form

Name_____ Date of Hire_____

Department_____ Position _____

I wish to enroll for the following course and request the Village's permission. I request reimbursement of tuition costs upon completion of the course.

Name of Course_____ Time of Day Course Meets_____

Name of School or University_____ Location of School_____

(City/State)

Degree Program (if applicable) _____ Course Dates _____

Course Cost: _____ Number of Hours per week_____

Please describe the benefit the course will provide to you to improve your performance/skills and why you would like to enroll in the course.

I hereby understand that upon completion of the course I will submit a copy of my grades and receipt of tuition payment. Only then will reimbursement occur if my course grade is satisfactory. Before reimbursement occurs, I must sign a promissory note agreeing to continue employment with the Village for at least a year, or repay the Village 100% of reimbursement costs made by the Village (per Employee Manual Section IV- D).

Employee Signature_____ Date_____

Department Head Signature_____ Date_____

Approval Requested ____Yes ____No

Village Manager Signature_____ Date_____

Approval Granted ____Yes ____No