

Tuition Assistance Request-City of Kansas City, Missouri
Submit to: Education & Development Division, Human Resources Department
Room 1002, City Hall FAX: 513-1395
Phone: 513-1930

Applications must be received by the Tuition Assistance Administrator at least weeks prior to the start of course work.
Failure to do so may result in a denial of funds.

PLEASE PRINT

Name: _____ Date of Employment: _____ Employee ID# _____

Department: _____ Position: _____ Daytime Phone #: _____

Home Address: _____

Street City State Zip

E-mail Address (if not available thru the city e-mail system): _____

Current Educational Goal: ___ Associate Degree in _____
 ___ Bachelor's Degree in _____
 ___ Master's Degree in _____
 ___ Technical/Trades Training (please describe) _____

School: _____

Start Date of Cours(es): _____, 20____ End Date of Cours(es): _____, 20____

Course Title(s): _____ Course Hours: _____ Tuition Cost: _____

State briefly how this will benefit you in your current job and/or future positions with the City of Kansas City, MO.

I understand that reimbursement of tuition will be made only if the above course (s) is approved by the City of Kansas City, MO and upon my successful completion of the course (s) as stated in A.R. 2-4. I understand that it is my responsibility to provide the required documentation of course completion in order to receive reimbursement and that no reimbursement will be due me if my employment terminates before completion of the course. If my employment terminates before one year after completing the above listed course work, I agree to refund to the City of Kansas City upon separation any tuition reimbursement received in the last twelve months. I also authorize the City of Kansas City to withhold any tuition reimbursement monies I owe to the City of Kansas City under the conditions of this agreement from any monies the City of Kansas City may owe me upon termination of my employment.

Signature of Employee Date of Application

This employee was rated "Meets Expectations" or above on his/her most recent performance review and is currently not under a Special Rating Period.

Signature/First Line Supervisor Date Signature/Second Line Supervisor Date

Human Resources Action: ___ Approved ___ Disapproved Date: _____

Authorized Signature: _____