



TUITION REIMBURSEMENT REQUEST FORM

Name of Employee: _____

Center/Department: _____

Title: _____

I am requesting tuition reimbursement from the George G. Glenner Alzheimer's Family Centers, Inc.® for the following:

Institution Name: _____

Class Name: _____

Class Duration (list dates): _____

Class Times: _____ **Tuition Amount: \$** _____

Please explain how course(s) are job-related:

Signature of Employee: _____ **Date:** _____

Name of Supervisor: _____

___ **Approved**

___ **Not Approved**

Signature of Supervisor: _____ **Date:** _____

Copies of final grades and documentation of tuition paid must be provided before reimbursement will be made.