



## Syracuse City Corporation TUITION AID REQUEST

Date Request Submitted: \_\_\_\_\_

### Tuition Aid Policy Information

Syracuse City offers tuition aid to full-time, non-probationary employees who wish to continue their education. Tuition aid requests must be for courses of study that are related to the employee's position with the City and approval of tuition aid requests is subject to the availability of funds. Tuition aid request must be submitted for approval prior to the start date of the course(s) for which the employee is requesting tuition aid. Approved tuition aid requests will be paid to the requesting employee as provided in section 16.060 (c) of the Syracuse City Personnel Policies and Procedures Manual. Employees who receive tuition aid will be required to return any aid received if they terminate their employment with Syracuse City within one year after receipt of said tuition aid.

### Employee Information

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Course Information

Educational Institution: \_\_\_\_\_

Course Number(s): \_\_\_\_\_

Course Description(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated Tuition Expense\*: \_\_\_\_\_

\* Please attach a copy of any related receipts.

I hereby request approval for tuition aid as described above.

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

### Approval Details

Approved (please give the amount of aid approved): \_\_\_\_\_

Unapproved (please explain): \_\_\_\_\_

\_\_\_\_\_

**Approval Signatures**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition Aid Payment Information (to be completed upon employee's completion of course(s))**

1. Were the courses for which tuition aid was requested completed with a "C" grade or better? (a copy of the employee's transcript must be attached)

Yes (eligible for tuition aid payment)

Some (if more than one course taken; please specify which were completed): \_\_\_\_\_

No (not eligible for tuition aid payment)

2. If "Yes" above, please indicate which course(s) were completed with a "C" grade or better, the grade received in each course, and the related percentage of aid that the employee is eligible for for each course (refer to section 16.060 (c) for reimbursement percentage):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please forward this completed form to the HR department for reimbursement.

**FOR HR USE ONLY**

1. Has the employee received any other tuition aid during the current fiscal year?

Yes – How much? \$ \_\_\_\_\_

No

2. Total amount of reimbursement for which the employee is eligible in the current fiscal year: \$ \_\_\_\_\_

3. Total amount of reimbursement for which the employee is eligible on this request: \$ \_\_\_\_\_

4. Total amount of reimbursement to be provided to the employee: \$ \_\_\_\_\_

5. Date the reimbursement was paid out to the employee: \_\_\_\_\_

6. Reimbursement processed by: \_\_\_\_\_