



**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: _____

Pre-Approval Details

- Pre-Approved
 Unapproved (please explain): _____

Pre-Approval Signatures

Department Head: _____ Date: _____
Admin. Services Director: _____ Date: _____
City Manager: _____ Date: _____

Approval Details

Approved (please give the amount of aid approved): _____
 Unapproved (please explain): _____

Approval Signatures

Department Head: _____ Date: _____
Admin. Services Director: _____ 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: _____