



OKLAHOMA CITY
COMMUNITY COLLEGE

TUITION REIMBURSEMENT REQUEST FORM

Please reference Policy # 2300 sections 11.0 – 11.8 <http://www.occc.edu/policy/pp.html> for deadlines and additional information.

Employee Name

Employee ID #

Department

Position Title

Name of College or University

Year & Term

<u>Course Title</u>	<u>Start/End Dates</u>	<u>Grade Earned</u>	<u>Credit Hours</u>	<u>Amount Requested</u>

My signature below certifies this **Tuition Reimbursement Document Submission Form** is a true and accurate statement of course completion, grade earned, and actual tuition cost. I have attached a copy of each of my transcripts/grade reports for each class listed above. The original receipt for my tuition and fees is also attached. These course(s) were previously approved with Authorization Number: _____. (Applicant must populate this information, or Tuition Reimbursement Document Submission Form will not be processed and/or approved).

*The "Authorization Number" requested, can be located at the bottom of your approved **Education and Degree Program Authorization Form**.*

Applicant Signature

Date must be within 30 days of course end date

Human Resources Use Only			
Request Approved:	Yes	No	Date: _____
_____ HR Representative Signature	Amount Approved:		