

## Tuition Reimbursement / Certification Form

The purpose of this form is to document educational and training requests, approved or denied, for continuing education programs, outside seminars, and other educational opportunities not offered through Virginia Commonwealth University, as specified in the [Educational and Training Opportunities Policy](#).

**If employee's request is *approved***, the department will process this form and reimburse the employee as outlined in the [Educational and Training Opportunities Policy](#). Submit a **copy** of this form to HR Training and Development once the employee has completed the course. A copy should also be retained by the employee and the department.

**If employee's request is *denied***, submit the **original** of this form to HR Training and Development. A copy should also be retained by the employee and the department.

*Please type or print clearly.*

### SECTION I – Employee Application for Reimbursement

(Contact your Personnel Administrator for your V-ID #)

Name \_\_\_\_\_ V-ID # \_\_\_\_\_

Department \_\_\_\_\_ P. O. Box # \_\_\_\_\_

Job Title \_\_\_\_\_ Work Phone # \_\_\_\_\_

Vendor/Institution \_\_\_\_\_

Course/Seminar Title \_\_\_\_\_

Course Begin Date \_\_\_\_\_ Course End Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Course Cost (including registration, instructional fees, and materials) \$ \_\_\_\_\_

Reimbursement for courses not taken at VCU must be paid for through department funds. Are you being reimbursed by your department for this course? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES," list the budget code for reimbursement: \_\_\_\_\_

Explain how this course will benefit you and its relationship to your job: \_\_\_\_\_

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

### SECTION II – Department Head Response (Select one)

As department head, I approve this request and certify that it is in compliance with the [Educational and Training Opportunities Policy](#). I understand that if I am requiring a non-exempt employee to take this course outside of work hours, the employee is eligible for overtime.

As department head, I deny this request. Reason for denial: \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_