

CITY OF SHEBOYGAN

Tuition Reimbursement Request Form

Submit this form to Human Resources within 60 calendar days of the end of the academic term, along with an official grade report/transcript and an itemized proof of tuition payment. Attach a copy of the approved Degree Program Pre-Approval Form.

Section 1 — Employee Information

Employee Name		Employee ID	
Department		Job Title	
Full-Time ☐ Part-Time ☐		Date of Pre-Approval	

Section 2 — Course / Term Information

Institution Name			
Degree Program (per Pre-Approval Form)			
Academic Term (e.g. Fall 2026)		Term Dates	

Course(s) Completed This Term

Course Number	Course Title	Credit Hours	Grade Earned	Tuition Cost
Total				

Section 3 — Reimbursement Calculation

Total Tuition Paid (this term)	
Less: Grants / Scholarships / Other Aid Received	
Net Eligible Tuition Cost	

Total Reimbursed to Employee Already This Calendar Year	
Reimbursement Requested (Net Eligible Cost, up to remaining \$5,000 annual cap, subject to Tuition Reimbursement Policy)	

Section 4 — Required Attachments

- ☐ Official grade report or transcript showing the grade earned in each course listed above
- ☐ Itemized tuition invoice, receipt, or account statement from the institution
- ☐ Copy of approved Degree Program Pre-Approval Form
- ☐ Documentation of any grants, scholarships, or other third-party aid received (if applicable)

Section 5 — Employee Certification

I certify that the information provided above is true and accurate, that the tuition costs claimed were actually incurred and paid by me, and that this coursework was completed under the previously approved degree program. I understand that courses must be graded "C" or higher (undergraduate) or "B" or higher (graduate) to qualify for reimbursement. I understand and agree that if I voluntarily resign or am terminated for cause within twelve (12) months of receiving any tuition reimbursement, I am required to repay 100% of the reimbursement(s) received within that 12-month period, and I authorize the City to deduct amounts owed from my final paycheck and accrued leave payout to the extent permitted by law.

Employee Signature	Date

Section 6 — Human Resources Use Only

Documentation Verified	Grade Requirement Met	Within Annual Cap
Amount Approved	HR Director Signature	Date
Finance Director Signature		Date