



**PART III: FUNDING REQUEST**

List the costs for which you are requesting assistance and attach documentation from institution indicating course(s) you have registered for and the cost. (Note: books and study materials are not covered)

_____	(x)	_____	= \$	_____	
(Number of Credits)		(Cost per Credit Hour)			<b><u>Preferred Payment Method:</u></b>
		Lab Fees:	\$	_____	Directly to Educational Institution: <input type="checkbox"/>
		<b>Total Request:</b>	\$	_____	Reimbursement to Employee: <input type="checkbox"/>

	Course Name and ID Code	Begin Date	End Date	Number of Credits
1.				
2.				
3.				
4.				

**PART V: TUITION ASSISTANCE AGREEMENT**

I CERTIFY THAT I HAVE READ AND AGREE TO THE CITY OF LYNCHBURG GUIDELINES FOR TUITION ASSISTANCE. I WILL:

- Complete the course(s) approved;
- Provide the City with proof of a satisfactory grade or copy of certificate for each course approved;
- Provide original receipts for approved cost (in reimbursement cases);
- Continue to work for the City for **one year** after completing the course(s); and
- **Authorize the City to recover through payroll deduction, or some other means, all or part of the tuition assistance monies paid to me or on my behalf: (please initial by each)**

\_\_\_\_\_ If I do not provide the City within 30 working days after completing the course, evidence of  
 Initial a "C" in undergraduate course(s), a "B" in graduate course(s), and "Pass" in certification and developmental training programs;

\_\_\_\_\_ If I resign, retire or am dismissed for cause before fulfilling the obligations of the Tuition Assistance  
 Initial Agreement;

\_\_\_\_\_ If I drop an approved course, regardless of reason, for which payment has been made, without prior  
 Initial approval from the Office of Human Resources; or

\_\_\_\_\_ If I received duplicate payment for the same course from any other source (e.g., scholarship, Pell Grant,  
 Initial Veteran's educational payments, etc.)

**Signature of Employee:**

**Date:**

\_\_\_\_\_

**PART VI: STATEMENT FROM DEPARTMENT HEAD**

(Applicant is responsible for obtaining department head's signature prior to submission to the Human Resources Department.)

Meets or Exceeds Performance Expectations? YES  NO

In your opinion, does this developmental activity add value for the applicant and the organization?  
 YES  NO

- I support this course work as it directly relates to the needs of the department or organization.
- I do not support this request for tuition assistance (indicate reasons below):

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Department Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* FOR HUMAN RESOURCES USE ONLY \*\*\***

Denied: <input type="checkbox"/>	Reason: _____								
Approved: <input type="checkbox"/>	Cost per credit hour	<input type="checkbox"/>	# of credits	<input type="checkbox"/>	Cost of course	<input type="checkbox"/>	%	=	Approved Amount
Course(s)		X		=		X			
		X		=		X			
		X		=		X			
		X		=		X			

Human Resources Representative: \_\_\_\_\_ Date: \_\_\_\_\_