

EXHIBIT 9



Tuition Reimbursement Request Form

Employee Name: _____

Department: _____

Phone Number: _____

Today's Date: _____

Name of Institution: _____

Degree/Certification: _____

Course Name (One semester per form)	Course Dates

Course(s) Expenses:

Tuition: \$ _____
Books: \$ _____
Lab Fees: \$ _____
Total: \$ _____

****Must turn in to HR proof of enrollment, receipts and grades to receive reimbursement.**

Development Objective (what long-term goal is this program/course(s) intended to help you reach):

I understand that if this request is approved, reimbursement will be contingent upon successful completion (grade of A, B or C for 100% reimbursement; below a C is not eligible for reimbursement; if pass/fail course, must pass for 100% reimbursement; no reimbursement if fail) of each course and submission of all receipts and paid bills within 60 days thereafter. I understand I am eligible for reimbursement of up to \$1,200 per fiscal year with a lifetime maximum of \$4,800 if I am non-union. If I am union, I am entitled to \$600 per fiscal year.

Signature

Date

Approvals:

Yes No, why _____

Department Head Signature

Date

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 Yes No, why _____

Human Resources Signature

Date

Amount approved to be reimbursed: \$ _____

Accounting Code: _____

HR Signature

Date