

# CITY OF BRIDGEPORT

## REQUEST FOR TUITION REIMBURSEMENT

**DATE:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**UNION AFFILIATION:** \_\_\_\_\_

<b>COURSE TITLE</b>	<b>NUMBER OF CREDITS</b>	<b>TUITION COST AND *BOOKS</b>	<b>APPROXIMATE TOTAL COST</b>

The following attachments should be included with this form:

- Course Enrollment Form(courses on each form should be the same)
- Original Transcript
- Proof of payment (ie. cancelled check, credit card bill)

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DEPARTMENT HEAD**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**LABOR RELATIONS DIRECTOR**

\_\_\_\_\_  
**DATE**