

## City of Little Rock Tuition Aid Application

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Course Title: \_\_\_\_\_

Class Schedule: \_\_\_\_\_

**Employee Statement:** I hereby request that the City of Little Rock reimburse me for the educational expenses associated with the course desired above. **I understand that should I terminate employment with the City for any reason within one (1) year following course completion, I will be personally liable to reimburse the City 100% of the tuition assistance. If I should terminate my employment after one (1) year, but before two (2) years following course completion, I understand that I will be personally liable to reimburse the City 50% of the tuition assistance.**

**The City shall accordingly be entitled to recover any such amount from any payments due me upon termination.**

I also understand that I am required to provide all necessary receipts for incurred tuition expenses as well as a copy of the related grade report to my Department Director.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **City of Little Rock Tuition Request**

**Employee Name:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

### **Department Director Approval**

It is my determination that the course listed on the Tuition Aid Application will be of value to the City of Little Rock. I have discussed this request with the employee, who understands the terms under which the City agrees to reimburse the employee for tuition related expenses.

\_\_\_\_\_  
Department Director's Signature

\_\_\_\_\_  
Date

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### **City Manager Approval**

Request Approved: \_\_\_\_\_

Request Denied: \_\_\_\_\_

\_\_\_\_\_  
City Manager's Signature

\_\_\_\_\_  
Date

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### **Department of Finance Use Only**

Request Received: \_\_\_\_\_

Account Charged: \_\_\_\_\_

Amount Paid: \_\_\_\_\_  
(\$2,000 annual maximum)

Approved By: \_\_\_\_\_

Date Paid: \_\_\_\_\_