



# BENSENVILLE FIRE PROTECTION DISTRICT

500 S. York Road, Bensenville IL 60106  
Non-Emergency (630) 350-3441 Fax (630) 350-3421  
Chief - Michael Spain

## TUITION REIMBURSEMENT FORM AND AGREEMENT

- Use this form to receive tuition reimbursement for business-related courses or credited degree programs.
- Employees are required to be employed with the Company for one year prior to selecting a course for reimbursement.

<b>Employee Name:</b>	<b>Company:</b>
<b>Social Security No.</b>	<b>Department</b>
<b>Hire Date:</b>	<b>Work Phone:</b>

### SECTION I – PRIOR APPROVAL FOR COURSES

- Are these courses for a degree program?  
Yes or No (If NO, please skip to #5)
- What is your major?
- What degree do you expect to receive (i.e., BA, BS, MBA, etc.)?
- When do you expect to complete your degree (month and year)  
\_\_\_\_\_
- Do you receive financial assistance from any other sources?  
Yes or No (If YES, please describe.)

6. \_\_\_\_\_

Course Name(s)	Institution	Course Dates	Cost

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

#### COURSE APPROVAL SIGNATURES

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

**\*\*TRANSCRIPT MUST BE ATTACHED\*\***

### SECTION II - APPROVAL OF PAYMENT

Complete the following after successful completion of course(s), and attach grade and proof of payment.

Reimbursement Amount: \_\_\_\_\_

Deduct other financial assistance: \_\_\_\_\_

Check# \_\_\_\_\_