



450 Martin Luther King Jr. Ave.  
Lakeland, FL 33815  
863.688.5563

## Educational Assistance Reimbursement Request

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### Part 1 – Employee Information. To be completed by the employee.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Location/Unit: \_\_\_\_\_  
Semester/term for which educational expense(s) is claimed: \_\_\_\_\_

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### Part 2 – Itemize Expenses\*. To be completed accurately by the employee.

Course(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_  
Tuition: \_\_\_\_\_  
Books: \_\_\_\_\_  
Lab Fees: \_\_\_\_\_  
Less Other Economic Assistance:\*\* \_\_\_\_\_  
Total:\*\*\* \_\_\_\_\_

\* Attach original documentation verifying successful completion of the course with the grade received and original receipts indicating the cost of tuition, required textbooks, and lab fees.

\*\* Specify types and amounts of economic assistance.

\*\*\*Amount of reimbursement not to exceed \$\_\_\_\_\_ per academic year.

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### Part 3 – Required Signatures. To be completed by the employee, his or her supervisor, and a Human Resources representative.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
HR Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part 4 – Return this form to the Human Resources Office. To be completed by the employee prior to the end of the following school term.