Tuition Assistance Program Reimbursement Request

Employee Name: _____

Employee ID#: _____ Department: _____

Hire Date: _____ Manager Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

College/University/Institution Name: _____

Course Start Date: _____ Course End Date: _____

Course/Textbook Name	Credit Hours	Cost
		$
		$
		$
		$
Total:		**$**

Reimburse: Full Amount from Submitted Receipts $ _____   Other Amount *(explain below)* $ _____

_____

Reminder: The maximum reimbursement for tuition costs and textbooks is $5,250 per calendar year and applies to courses taken within that same calendar year.

Employee Signature: _____ Date: _____

Print, sign, and submit this form, with a copy of your transcript of the completed course with a passing grade of C or better and a copy of the receipt for tuition costs and required textbooks to humanresources@tirerack.com **within 90 days of the completion of the course.**