



Tuition Assistance Reimbursement Request

Section A: Applicant/Employee Information

Name (Print) _____ Request Date _____

Current Position _____ Hire Date _____

School Name _____

Home Address _____

Phone _____ Email _____

Section B: Course/Program Completed

Check one: Seminar College Course Workshop Conference Other: _____

Title _____

School or Organization _____

Dates of attendance: from _____ to _____ Total Hours of Training _____

Grade Received: _____ Reimbursement Requested: J\$ _____

Supporting Documents Required: Official Transcript with Grade Payment Receipt

Is Supporting Documents Attached? Yes No

Employee Signature _____ Date _____

Section C: For JAMPACT's Use Only:

Was adequate documents submitted: Yes No

Was application submitted prior to enrollment and payment: Yes No

Approve: Disapprove: Date: / /

If approve:

Check Date: / /	Check No.:
Check Made Payable To:	

Comments: _____

If Disapprove, Give Reason: _____

JAMPACT Education Chair _____ Date _____

JAMPACT Treasurer _____ Date _____

JAMPACT President _____ Date _____