TUITION REIMBURSEMENT
PRE-AUTHORIZATION FORM

The City of San Bruno offers a generous tuition reimbursement program as a benefit to its employees. **Authorization is determined on a fiscal year-by-year basis, and employees are asked to submit their authorization requests before each fiscal year.** Reimbursement rates are currently determined based on the California State University tuition rates in accordance with the employee's bargaining unit and Memorandum of Understanding (MOU).

To request approval to participate in the Tuition Reimbursement Program:

1) Complete the following forms:
    a. "Tuition Reimbursement Pre-Authorization Form" (with Department Head's signature)
    b. Attach a description of your program/degree
2) Department Head schedules a meeting with the City Manager to review request and obtain approval signature
3) Department Head gives signed form to HR to generate approval letter. HR will notify employee via email.

At the completion of your classes each semester, submit the "Tuition Reimbursement Request Form" along with your grades and receipts for tuition and books to HR. Once HR approves your tuition reimbursement, please ask your Department's Finance representative to process the reimbursement through the "Tuition Reimbursement" queue in Eden.

Fiscal Year **July 1, _____ to June 30, _____**

Employee Name

Department

Position

School Attending

Program Name (Major)

Type of Degree (select one) Certificate ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐
Other (Please describe) ☐

Why do you wish to pursue this program of study?

How is this program of study related to your current (or future) career goals?

Please outline the classes you are planning to take in the upcoming fiscal year (attach additional sheets if needed)

SEMESTER (Fall, Spring, Winter, Summer)	CLASS NAME	# UNITS	PRICE PER UNIT	SUBTOTAL

_____ _____
Employee Signature **Date**

_____ _____
Department Head Signature **Date**

********** *HR Use Only* **********

_____ _____
Human Resources Manager Signature (Approval) *Date*

_____ _____
City Manager Signature (Approval) *Date*