

# City of Hartford

## Human Resources Department

### Application for Education Reimbursement

**IMPORTANT:** This application must be received in the Human Resources Department by the applicable deadline and is subject to approval by the Human Resources Department. Please attach scheduled courses and semester bill.

1. Name of Employee: Last Name, First		2. Employee ID:	3. Work Phone:
4. Classification:		5. Department/Division:	
6. Date of Employment With the City:		7. Circle Years of School Completed: 9 10 11 12 13 14 15 16 17 18	
8. Accredited College/University Name and Address:		9. Are You Receiving Financial Assistance? Yes_____ No_____ Please Indicate:	
Course Title:	Credits	10. Are You a Degree Candidate? Yes_____ No_____ If yes, indicate which: Associate's___ Bachelor's___ Master's___ Doctorate___	
		11. Are You Eligible for Veteran's Education Benefits? Yes_____ No_____	
		12. Semester: Spring    Fall    Summer (Fire Only) Beginning Date: _____/_____/_____	
13. Cost (Excluding Books): Tuition:    \$ Other:       \$ Total:       \$		14. Explain relevancy of requested coursework to present job or professional development with the City.	

Applicant Signature _____	Date _____
Approved by Department Head _____	Date _____
Approved by Human Resources Department _____	Date _____
Rejected by Human Resources Department _____	Date _____

**Office Use Only:**  
 Amount of Projected Reimbursement (*Projected reimbursement amounts are subject to change based on available funding*):

Reason for the rejection of your application: