TUITION GRANT – REQUEST/REVIEW OF CLASSES

Please submit to your Supervisor prior to enrollment in any class. The Site Supervisor will approve and forward to the Director.

☐ I am requesting a review of under the Tuition Grant Re	_	I feel are eligible for reimbursement
☐ I am requesting review of c requesting reimbursement.	lass <u>only</u> to determine eligib	ility for education leave. I am <u>not</u>
COURSE NAME	CREDIT HOURS	DATE CLASS BEGINS
Attached is documentation that		
		ncial aid received OR letter stating s NA if you are only requesting
Reasons why these courses are	e related to my employment v	vith PACT:
Staff's Signature ***********	Position/Title	
I have reviewed the request of coursework. We have determine		to enroll in the above y education leave.
Supervisor's Signature		Date
	reimbursement and/or education	ation leave under the PACT Tuition
This coursework does <u>n</u> Grant Reimbursement Progran		Reimbursement under the Tuition allowable.
Reason:		
Executive Director's Signature		Date

Copy to: Employee Original to: Fiscal Office