Goodwill Industries® of San Diego County

Tuition Reimbursement Form

Employee Name _____ Date _____

Department _____ Hire Date _____

Job Title _____

Supervisor _____

I am requesting financial assistance under the terms outlined in the company's Educational Assistance Policy for the course(s) listed below. If approved for expense reimbursement, I agree to provide original expense receipts and supporting documents that may be required before reimbursement can be processed.

School Name _____

School Website _____

	Course Title	Tuition Cost	Book/Lab Cost
1.			
2.			
3.			
4.			
5.			

In the space below, please describe how this coursework may improve your employability.

To be completed by immediate supervisor or department head:
In the space below, please provide reasoning for your approval or disapproval.

Supervisor Name _____

Supervisor Signature _____ Date _____

Human Resources _____ Date _____