



# HOUSTON POLICE DEPARTMENT

## TUITION REIMBURSEMENT FORM

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LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

EMP.# \_\_\_\_\_ SS# \_\_\_\_\_

DIVISION \_\_\_\_\_ CONTACT PH# \_\_\_\_\_

The above named officer has completed the \_\_\_\_\_  
Semester/Year

With the appropriate grade of "C" or better for undergraduate courses and law school courses; and a "B" or better for graduate courses towards an accredited degree program. These courses were at an accredited college or university and are eligible for reimbursement of tuition and required fees related to educational courses at rates required for Texas residents at a Texas state supported college or university for similar or related courses.

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ employee number \_\_\_\_\_ do affirm that I have not and will not receive any monies that exceed 100% of my actual costs as is the requirement stated by the meet and confer contract, Article 17, dated July 1, 2001. Furthermore, in the event that I receive funds exceeding 100 % of my actual costs I agree to reimburse the city for all funds which exceed 100 % of my actual costs in accordance with Article 17 of the meet and confer agreement dated July 1, 2001.

\_\_\_\_\_  
Signature of Officer applying for reimbursement      Date

**The amount to be reimbursed is \$ \_\_\_\_\_.**

\_\_\_\_\_  
Signature of Academy Representative      Date

Amount checked and entered by \_\_\_\_\_  
Budget & Finance Representative      Date