



HOUSTON POLICE DEPARTMENT TUITION REIMBURSEMENT FORM

(LAST NAME) (FIRST NAME) (EMPLOYEE NUMBER)

(SOCIAL SECURITY NUMBER) (DIVISION) (CONTACT PHONE NUMBER)

Types of courses; Undergraduate ____ Graduate ____ Law School ____

PROJECTED GRADUATION DATE: _____

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.

Name of courses; _____

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 33, Number 8 dated March 30, 2011. 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 33 Number 8 of the meet and confer agreement dated March 30, 2011.

Please highlight the Grades and Tuition Fees on the Receipt and attached to this form.

Signature of Officer applying for reimbursement Date

-----Area Below will be filled out by Payroll and Academy Staff-----

The amount to be reimbursed is \$ _____

Signature of Academy Representative Date

Budget & Finance Representative Date