

**ST. HELENA POLICE DEPARTEMNT
EDUCATION REIMBURSEMENT REQUEST FORM**

Prior to completing this form, please refer to the Education Reimbursement Program Policy to make sure you understand, and agree with, the conditions and terms of the policy.

Section 1. Employee: Please complete and submit to Chief of Police at least (3) weeks prior to course registration and attach course description.

Employee Name: _____ Date: _____

Department: _____ Job Title: _____

Name of School: _____ Location: _____

Title of Course (please attach course description): _____

Beginning Date: _____ Completion Date: _____

Class Schedule: _____

Estimate Cost of Course (include tuition, books, and any required fees): _____

I will submit receipts upon completion of the class for reimbursement.

Employee Signature _____ Date _____

Section 2. Chief of Police: Please complete and submit to Personnel Department at least (2) weeks prior to course registration and attach course description.

Criteria for approval/Disapproval is: _____

Approved/Disapproved: _____ Date: _____
(Chief of Police)

Approved/Disapproved: _____ Date: _____
(Finance Director)

Approved/Disapproved: _____ Date: _____
(City Manager)

**ST. HELENA POLICE DEPARTMENT
EDUCATION REIMBURSEMENT REQUEST FORM**

Section 3. Employee: Please complete and submit to Chief of Police after completion of class and attach transcript or official school record showing grade.

Please list fees you are requesting reimbursement for and **attach receipts.**

Tuition/registration	\$ _____
Books/Materials	\$ _____
Total	\$ _____

Approved for payment:

_____	Date: _____
(Chief of Police)	
_____	Date: _____
(Finance Director)	
_____	Date: _____
(City Manager)	

Section 4. Finance Dept: Please process payment and return original form to Personnel Dept and Chief of Police.

Date employee paid: _____ Amount employee paid: \$ _____

(Signature of Finance Director)

Notes: _____