



CITY OF OXNARD
TUITION REIMBURSEMENT APPLICATION
(IAFF)

MUST BE APPROVED BEFORE CLASS REGISTRATION

NAME DATE

FIRE DEPARTMENT POSITION

COURSE AND TITLE NO.

SCHOOL DATE STARTS ENDS

APPROXIMATE COST OF TUITION/BOOKS:

BRIEF DESCRIPTION OF CONTENT:

How will this course benefit the City and your work with the City?

What is your educational objective?

I have read and understand the tuition reimbursement policy.

Employee Signature Date

Fire Chief Signature Date

Human Resources Department Use Only:

Employee is Approved/Denied for tuition reimbursement of 50 percent up to \$200 upon submission of proof of payment.

Human Resources Director

Date

Distribute copies to:

- 1. Personnel File
2. Fire Chief
3. Employee

FY Reimbursement Total \$