



CITY OF OXNARD
TUITION REIMBURSEMENT APPLICATION
(Top/ Mid Management)

MUST BE APPROVED BEFORE CLASS REGISTRATION

NAME _____ DATE _____

DEPARTMENT/DIVISION _____ 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

Department Director/ Assistant City Manager Signature Date

Human Resources Department Use Only:

Employee is Approved/Denied for tuition reimbursement of 75 percent of total, up to \$5,000 per fiscal year, upon submission of proof of successful completion of approved courses and proof of payment.

Human Resources Director

Date

Distribute copies to:

- 1. Personnel File
2. Department Director/Assistant City Manager
3. Employee

FY Reimbursement Total \$ _____