Print Form

* Required fields

City of San Antonio
Tuition Assistance Program Application

Human Resources

Please review the Tuition Assistance program, Administrative Directive 4.77, before completing this form. Participation in this program does not obligate the City of San Antonio to promote, transfer, or otherwise compensate the employee beyond his or her current job classification.

*Department Name:	*Date of Hire: (MM/DD/YYYY)
*Name of Employee:	*SAP Employee ID Number:
*Job Title:	*Work Telephone Number:
Home Address:	*Institution Attended:
Course Title(s):	Tuition Cost (excluding all fees):
Total Number of Credit Hours on This Application	

Check all that Apply

Seeking to obtain the following:

- ☐ A Graduate Degree
- ☐ An Undergraduate Course (Degree Seeking)
- ☐ An Undergraduate Course (Non-Degree Seeking
- ☐ A Job Related Certification
- ☐ A Job Related Continuing Education Class
- ☐ A Job Related Seminar or Conference

Received the following while taking a course:

- ☐ Student loans
- ☐ Scholarship(s)
- ☐ Grants
- ☐ GI Bill
- ☐ Military Tuition Assistance
- ☐ Fellowship
- ☐ Certification Pay from the City
- ☐ Other Assistance

Describe: _____

How does this course relate to an occupation with the City of San Antonio and your future career goals?

Required Checklist

- ☐ Degree Plan (if seeking a degree)
- ☐ Original Unaltered Grades
- ☐ Original Unaltered Billing Invoice
- ☐ Reviewed Administrative Directive 4.77

Employee Name: _____ Date: (MM/DD/YYYY) _____

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Supervisor's Recommendation:

Does employee meet the requirements outlined in AD 4.77? ☐Yes ☐No

Please provide an explanation if the employee does not meet the requirements:

Supervisor's Signature: _____ Date: _____ (MM/DD/YYYY)

Department Director's Recommendation:

☐Approved ☐Denied

Department Director's Signature: _____ Date: _____ (MM/DD/YYYY)

Note: Application must be signed by the Department Director or a designated coordinator of the Director appointed in writing.

HUMAN RESOURCES DEPARTMENT USE ONLY

Date Received: _____ (MM/DD/YYYY) Reviewed By: _____

☐Approved ☐Denied

Comments:

Human Resources Administrator's Signature: _____ Date: _____ (MM/DD/YYYY)

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