

WATCO Companies
Employee Tuition Reimbursement REQUEST FORM

Basic Information

Employee's Name: _____	Date: _____	
Division/Department/Location: _____		
Immediate Supervisor: _____	Division Manager: _____	
Date of Hire: _____		
Coursework: _____ (or) Degree: _____		
Institution: _____	Semester: _____	
Enrolled hours: _____	Tuition Expense: _____	Fees & Books: _____

Statement of Value

Purpose of Proposed Education:		
_____	_____	_____
Employee's Signature/Date	Supervisor's Approval/Date	Manager's Approval/Date

Human Resource Department (upon completion, attach copy of registrar's grade)

Received/Date: _____	HR Approval: _____	
Date Approved: _____	Copy Sent to Employee/Supervisor/Manager: _____	
Course Work Completed: _____		Final Grade: _____
Tuition Paid: _____	Date: _____	Renewal Approved: _____