

Employee Development – Tuition Support Tuition Reimbursement Application Form – #3-346-02

Please complete this form and submit to pd@flemingcollege.ca with all supporting documentation included. Prior to submission, please ensure you have an approved Program Application on file.

| EMPLOYEE INFORMATION | | | | | | |
|--|--------------|-----------------|-----------------|-------------------|--|--|
| Employee Name | | | | | | |
| Employee ID | | | | | | |
| | | | | | | |
| PROGRAM INFORMATION | | | | | | |
| Program Name | | | | | | |
| Have you completed your program? | Choose an | Choose an item. | | | | |
| | | | | | | |
| COURSE INFORMATION | | | | | | |
| | | | | | | |
| Course Name | | Course Code |) | Total Amount Paid | | |
| | | Course Code |) | Total Amount Paid | | |
| | | Course Code | • | Total Amount Paid | | |
| Course Name | | Course Code |) | Total Amount Paid | | |
| Course Name SUBMISSION CHECKLIST | | | ; | Total Amount Paid | | |
| Course Name | vith this su | | | Total Amount Paid | | |
| Course Name SUBMISSION CHECKLIST | | | Choose an item. | Total Amount Paid | | |
| Course Name SUBMISSION CHECKLIST I have included the following was a second control of the cont | | | | Total Amount Paid | | |
| SUBMISSION CHECKLIST I have included the following we fee breakdown issued by the | institution | | Choose an item. | Total Amount Paid | | |

Completed forms and supporting documentation must be submitted to PD@flemingcollege.ca

| FOR HUMAN RESOURCES USE ONLY | | | | | |
|------------------------------|--------|---------|-------|--|--|
| Department | 121042 | Account | 53202 | | |
| Reimbursement Total | | Date | | | |