



# Tuition Reimbursement Application

**Attach a statement regarding how the course(s) relates to your current position, next logical position, or long-term development at Verra Mobility prior to course commencement.**

**All fields are required.**

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Hire:</b>	
<b>Job Title:</b>		<b>Home Department Name:</b>	
<b>Phone Number:</b>		<b>Type of degree (required):</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
<b>Personal Email Address:</b>			
<p>I attest that the following statements are accurate:</p> <p><input type="checkbox"/> True   <input type="checkbox"/> False   I am an active employee, scheduled to work at least 30+ hours/week.</p> <p><input type="checkbox"/> True   <input type="checkbox"/> False   I will have completed 60 days of continuous service prior to the commencement of my course(s).</p> <p><input type="checkbox"/> True   <input type="checkbox"/> False   I am not on any Written Warning(s), Final Written Warning(s), or Performance Improvement Plan(s).</p>			
<b>School Information</b>			
<b>School Name (required):</b>		<b>Declared Major (required):</b>	
<b>School Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Course Title(s)</b> <i>(Must be submitted to HR prior to each semester/course start)</i>	<b>Course Dates</b> <b>Begins                      Ends</b>	<b>Estimated Tuition \$</b>	<b>Estimated Fee/Book \$</b>
<b>Total Estimated Cost</b>			<b>\$</b>



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Financial Aid from Other Sources		
<b>I am receiving financial aid from another source:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please check all sources:</b>  <input type="checkbox"/> Grant <input type="checkbox"/> Scholarship <input type="checkbox"/> GI Bill <input type="checkbox"/> VA <input type="checkbox"/> Other:	<b>How much financial assistance are you/ will you be receiving from these sources for the course(s) listed above?</b>  \$
Employee Acknowledgment		
I verify that the information provided on this application is accurate and complete. I have read the 2019 Verra Mobility Tuition Reimbursement Program Guidelines and agree to the terms and conditions.		
<b>Employee Signature:</b>		<b>Date:</b>
Supervisor/Manager Approval		
I have reviewed this application and approve the course(s) listed above. My signature verifies that the course(s) is/are related to this employee's current position, next logical position or long-term development as defined in an approved development plan.		
<b>Supervisor/Manager Print Name:</b>	<b>Supervisor/Manager Signature:</b>	<b>Date:</b>

**Write your brief statement on how the course(s) relates to your current position, next logical position or long-term development at Verra Mobility:**

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