



Fargo Rentall, Inc.

TUITION REIMBURSEMENT REQUEST (Form must be completed and submitted for approval 14 days before a course begins)

Employee Name: _____ Date: _____

College/University attending: _____

Course title/number: _____

Term began: _____

Course grade: _____ (please include/attach certification)

Term ended: _____ Date course was completed: _____

Applied to a degree? Yes ___ No ___

Cost of Course \$ _____ per credit hour = \$ _____ (TOTAL COST)

Hours completed: _____ Academic Field: _____

Degree program in which currently enrolled: _____

I have been provided a written copy of the Fargo Rentall, Inc Tuition Reimbursement Policy. I realize that should I leave the College, I will be responsible to repay Fargo Rentall, Inc for any tuition reimbursement as outlined in the Tuition Reimbursement Policy.

Employee signature: _____ Date: _____

____ Approved _____ Not Approved

Supervisor approval: _____ Date: _____

Payment of tuition reimbursement will be made upon submission of proper documentation. Proper documentation showing successful completion of the course(s) should be submitted along with receipts for tuition no later than 60 days after the course(s) is completed, and given to the Human Resource Department who is responsible for processing. Original goes to Human Resource Department. Copy goes to Employee.