

F
I
L
L

O
U
T

C
O
M
P
L
E
T
E
L
Y

Tuition Request Information

Name

Date

Payroll Number

A) Advancement or Reimbursement

B) Date Check needed by: _____
(Be Specific)

C) Cost of course/seminar: \$ _____

D) Check made payable to: _____

E) Cost of books: \$ _____

F) Name of institution: _____

G) Course taken: _____
Attach copy of course description.

H) First day of class/seminar: _____

I) Date course to be completed: _____

AGREEMENT

I, _____, a full-time employee of the Redevelopment Authority of the City of Philadelphia, agree that I shall provide the Redevelopment Authority with evidence of successful completion of the course/semester/seminar for which the Redevelopment Authority had advanced fees to me, within one month after completion of that course/semester/seminar. In the event that I shall fail to timely provide such evidence within one month period previously described, I agree that the Redevelopment Authority may conclusively presume that I did not successfully complete the course and that it may deduct the amount advanced to me from future pay checks in such amounts as it deems appropriate.

Name of Course

\$ _____
Cost of course/seminar

Name of Institution

Signature

Date