



# Tuition Reimbursement Application

Please Print Clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WI Electrical License #(if applicable) \_\_\_\_\_ Classification \_\_\_\_\_

Contractor: \_\_\_\_\_ IBEW Member # \_\_\_\_\_

Circle One:  Sound Comm.  (Or)  Residential Email (required): \_\_\_\_\_

Course Name \_\_\_\_\_

Course Location \_\_\_\_\_ Course Date(s) \_\_\_\_\_

Certification to be earned (if applicable) \_\_\_\_\_

Please briefly describe the course you wish to take (or have taken) that you wish to get reimbursed for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be receiving the reimbursement? (circle one): Contractor (OR) Employee

Employer/Employer Rep. (PRINT NAME) \_\_\_\_\_

Employer/Employer Rep. Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Total course tuition cost \$ \_\_\_\_\_ Total course material cost (i.e. books) \$ \_\_\_\_\_

Please list any other costs associated with this course below:

Description	Cost

*Please submit all invoices, certificates earned, and course outline to support your reimbursement request. By signing below you certify that all information is correct and you attended classes that qualify for tuition reimbursement.*

**You can submit this form by any of the following:**

**Fax**-414-246-9260 \*Attention: Continuing Education\*

**Email**-kkrueger@mejatc.com

**U.S. Mail (New Office Location)**-  
Milwaukee Electrical JATC  
Continuing Education  
6300 W. Layton Ave.  
Greenfield, WI 53220

Signature \_\_\_\_\_ Date \_\_\_\_\_