



Continuing Education



# Tuition Reimbursement Application

*Please Print Clearly*

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

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

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

State of WI Electrical License # \_\_\_\_\_ Social Security # \_\_\_\_\_

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**-414-778-0224 \*Attention Continuing Education\*  
**Email**-kkrueger@mejatc.com  
**Mail**- Milwaukee Electrical JATC Continuing Education  
11001 W. Plank Ct. Ste. 120  
Wauwatosa, WI 53226

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