

CITY CRUISES CANADA
POLICY AND PROCEDURE



EDUCATION REIMBURSEMENT REQUEST

CREW INFORMATION						
Name:	ID Number:					
Position:	Department:					
COURSE INFORMATION						
Course Name(s)	Institution(s)	Start Date(s)	End Date(s)	Cost		
Is this course part of a program? 🛛 Yes 🗋 No If yes, please indicate:						
How does this course relate to your job at City Cruises Canada?						
CREW SIGNATURE						
I have read the Educational Reimbursement Policy and understand I must complete the course prior to receiving a reimbursement. Furthermore, I agree to repay City Cruises Canada the reimbursed amount on a prorated basis should I voluntarily resign from the company.						
Crew Signature:	Date:					
COURSE APPROVAL						
Manager's Signature:	er's Signature: Date:					
Note: All approvals must be obtained prior to enrollment. Signatures are not a guarantee of reimbursement. Once approved, please keep original and forward a copy to Human Resources.						
REIMBURSEMENT APPROVAL						
Has proof of course completion, fee statement and expense form been received? \Box Yes \Box No						
Amount approved for reimbursement:						
Human Resources: Date:						

Education Reimbursement Request	Revised – August 1, 2021	Approved by: LM
Once completed this form becomes a record	Page 1 of 1	RMS Document