



TRUCKEE TAHOE AIRPORT

REQUEST FOR FLIGHT RATING REIMBURSEMENT

Submit after completion of each Flight Rating.

1. Complete form and attach copies of all receipts of fees associated to the flight rating and the Pre-Approval form you previously submitted to Human Resources Manager, Lauren Tapia.

Name:	Employee ID#:
Address:	Phone:
City:	State: Zip:

Department:	Director:
Job Title:	Employment Status: Full Time Part Time Date of Hire:

REQUEST FOR REIMBURSEMENT

	Name of Flight Rating	Result	Cost
1.			
2.			
3.			
4.			
5.			
		Cost of Rating:	
		Total Cost:	

I certify the information state above is correct and I have not and will not request reimbursement for the amount specified above from any other source.

Signature of Applicant: _____ Date: _____

Signature of Director: _____ Date: _____

Signature of General Manager: _____ Date: _____

Upon completion of a flight rating, District employees will be subject to a 24 month service agreement. If a District employee voluntarily terminates employment before completing the service agreement, the employee must repay a pro-rata of the amount reimbursed for certification/degree.