



Request for Educational Reimbursement

Employee Name		Last 4 Digits of Employee's SSN		Date Hired	
Department			Job Title		
Name/Address of School or College			Degree Sought		
Day(s) of Week		Term – From/To			
Subject (Title & Catalog No.)		No. of Credit Hours		Tuition Cost	
Cost of Books (Do <u>NOT</u> include supplies)				Total Cost	
Justification for Above Course – Please be Specific					

I believe the above subject is related to my work. If I make any changes in the above course, I will report them to my Department Director for approval prior to the beginning of the course. I certify the cost of this course is not covered by any benefits from the Veterans Administration, a philanthropic source, grants or government subsidized student loans. I have read and understand the Educational Reimbursement Policy and consider myself to meet the eligibility requirements for this course of study. I understand that I will receive reimbursement based on the grade received in the enrolled course. I agree to repay the County for tuition and books according to the Educational Reimbursement Policy if I terminate employment with the County within three (3) years from the date of educational reimbursement.

Employee Signature Date

Step 1: Prior to taking class - Approvals

The education and work experience of this employee qualifies him/her to pursue the study of the above subject. The above course is related to his/her work and I recommend approval. I certify the requesting employee has been a full-time regular employee of the county for one (1) year or more.

Supervisor – Date

Department Director – Date (Forward signed form to County Administrator's Office)

County Administrator – Date (Forward signed form to employee)

Step 2: After class completion – Reimbursement Request (Forward with grades & receipts to HR)

Human Resources Director – Date \$
(Forward completed form & receipts to Finance Department) Total Reimbursement