



TUITION REQUEST
AND
REIMBURSEMENT FORM

Complete PART I at least 3 weeks prior to course registration.

PART I – TUITION REQUEST

I hereby acknowledge I have read and agree to terms of the County’s Tuition Reimbursement Program as stated in Policy E. I agree to reimburse the County in accordance with said policy should I voluntarily terminate within 2 years of completion of the course.

Employee Name _____ Department/Position _____

Employee Signature _____ Date _____

Course Title	Educational Institution	Course Date(s) Time(s)	Description and Application to Job
Estimated Cost: Tuition \$ _____		Books \$ _____	
County Share (up to 75%) \$ _____		Employee Share (25%) \$ _____	
APPROVED BY:			
_____		_____	
Human Resources Director – Approval		Date	

Complete PART II following completion of course and attach all receipts along with course grade(s)

PART II – REIMBURSEMENT REQUEST

Tuition \$ _____	Amount Reimbursed to Employee: (50% or 75%) \$ _____ (Circle appropriate % based on course grade)
Books \$ _____	
Total \$ _____	

I CERTIFY THAT THE FOREGOING EXPENSES HAVE BEEN INCURRED IN THE ABOVE APPROVED COURSES.

Employee

Date