

TUITION / TRAINING EXPENSE REIMBURSEMENT APPLICATION

DATE: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

JOB
TITLE: _____

NAME AND DESCRIPTION OF COURSE:

COLLEGE / TRAINING
INSTITUTION: _____

DATES COURSE STARTS / ENDS:

JUSTIFICATION: The tuition reimbursement program has been established to encourage employees to pursue certain classes, which are job-related and directly benefit the County. What is being taught in the course that is directly related to the employee's job? Please be specific and attach the position's job description. Highlight the specific essential job functions this coursework will benefit.

EMPLOYEES SEEKING REIMBURSEMENT FOR EDUCATIONAL EXPENSES MUST AGREE IN WRITING TO REPAY THE COUNTY IN FULL IF THEY LEAVE THE COUNTY VOLUNTARILY OR ARE TERMINATED WITHIN ONE YEAR FROM THE DATE OF REIMBURSEMENT. BY SIGNING BELOW, THE EMPLOYEE AGREES TO COMPLY WITH ALL PROVISIONS OF THE COUNTY POLICY, INCLUDING THIS REPAYMENT PROVISION.

EMPLOYEE SIGNATURE DATE

SUPERVISOR APPROVAL DATE

DEPARTMENT HEAD APPROVAL DATE

HUMAN RESOURCES MANAGER DATE

FORWARD ORIGINAL APPLICATION TO HUMAN RESOURCES

ENTERED INTO TRAINING RECORD

REVISED 9/27/04