Application for Educational Reimbursement

Employee Information

Employee Name:_____ Department:_____

Hire Date:_____ Supervisor:_____

Course / School Information

School Attending:_____ Course Title:_____

Dates: From _____ To _____

Degree Plan Available: ____Yes ____No If yes, please attach with application.

Course Cost (Tuition only): $_____

Justification (Please provide a summary of how this course of study will benefit you and the agency):

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_____	_____	_____
Supervisor	Title	Date
_____	_____	_____
Executive or Finance	Title	Date
_____	_____	_____
Human Resources	Title	Date

REIMBURSEMENT WILL OCCUR UPON SATISFACTORY COMPLETION OF COURSE AND WITHIN GUIDELINES SPECIFIED IN POLICY. APPROVAL IS CONTINGENT UPON AVAILABLE FUNDS.