

Employee Information

Name: _____

E-mail: _____ Work Phone: _____

School Name: _____

Degree (or Program/Certificate) Completed This Quarter: Yes No

Course Information

Course # & Department	Course Name	Grade	Credit Hours	Cost of Class

Cost Per Credit: \$ _____ x Total Credits: _____ = Total Cost: \$ _____

I have received grants or scholarships: Yes No If Yes, what amount: \$ _____

Disclaimer

- I understand tuition reimbursement **only** covers instructional fees.
- I understand this **does not** cover books, transportation, lab fees, or any other expenses.
- I understand that tuition reimbursement will initially be made at my expense and that **I will be reimbursed if I complete the course with a C or better** (or "Pass" on a Pass/Fail course).
- I understand that if I resign, retire, or am separated for a reason other than job abolishment or layoff, I must repay the tuition reimbursement paid by the County for courses completed less than **one (1) year** prior to the date of separation.

I understand & accept this disclaimer: _____

Employee Signature Date

Authorization/Signatures

Amount of Tuition Reimbursement **Requested:** \$ _____

Amount of Tuition Reimbursement **Authorized:** \$ _____

Authorize <input type="checkbox"/> Deny <input type="checkbox"/>	_____ Agency/Department Director Signature	_____ Date
Authorize <input type="checkbox"/> Deny <input type="checkbox"/>	_____ Human Resources Director Signature	_____ Date

- Documents to attach with Payment Request:**
1. Employee Reimbursement Request Form (page 3)
 2. Official Transcript of Grade(s)
 3. Detailed Paid Fee Statement from Educational Institution*
 - * should identify the fees paid and the method of payment used (e.g. student loans, grants, scholarships, etc)

Help us be Green!
 Examples of Unnecessary Documents:

- University Catalogs
- Faculty Descriptions or CVs