



Application for Education Expense Reimbursement

This form must be accompanied by a letter of justification from the applicant.

Enrollment Deadline: _____

EMPLOYEE NAME		EMPLOYEE ID #
EMPLOYMENT LOCATION		JOB CLASSIFICATION
WORK ADDRESS		WORK PHONE
PRESENT DUTIES (Attach functional job description and additional pages if necessary)		
RELATIONSHIP OF CLASS TO CURRENT JOB DUTIES		
SCHOOL/INSTITUTION (Name and Address)		DEGREE PROGRAM (BS, BA, MS, MA, PhD, ETC.)
SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER		DATE(S) OF ATTENDANCE
TITLE(S) OF CLASSES		
COST OF TUITION AND REGISTRATION FEES \$ _____	OTHER FEES (Explain – attach additional pages if necessary) \$ _____	TOTAL AMOUNT REQUESTED \$ _____
Employees are required to disclose all information regarding the receipt of financial aid regardless of the source of funding. Employees must notify the appointing authority or designee of any changes made after the initial application in order for those changes to be considered. Failure to notify the appointing authority of course changes may result in denial of reimbursement and/or subsidized education leave.		
A. Have you applied for financial aid from any other source?		<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Have you been approved for and/or received the requested financial aid?		<input type="checkbox"/> YES <input type="checkbox"/> NO
C. If yes to A or B, describe in detail the source and amount (attach additional pages if necessary):		
EMPLOYEE'S SIGNATURE		DATE



Application for Education Expense Reimbursement

SUPERVISOR'S RECOMMENDATION	
<input type="checkbox"/> APPROVED - AMOUNT OF SUBSIDY \$ _____ <input type="checkbox"/> MODIFIED - AMOUNT NOT TO EXCEED \$ _____ <input type="checkbox"/> DISAPPROVED	
REASONS/JUSTIFICATION:	
SUPERVISOR'S SIGNATURE	DATE

APPOINTING AUTHORITY'S RECOMMENDATION:	
<input type="checkbox"/> APPROVED - AMOUNT OF SUBSIDY \$ _____ <input type="checkbox"/> MODIFIED - AMOUNT NOT TO EXCEED \$ _____ <input type="checkbox"/> DISAPPROVED	
REASONS/JUSTIFICATION:	
APPOINTING AUTHORITY'S SIGNATURE	DATE

SELECTION COMMITTEE DECISION:		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
REASONS/JUSTIFICATION:		
SELECTION COMMITTEE CHAIRPERSON'S SIGNATURE	TITLE	DATE
DEPARTMENT APPROVAL SIGNATURE		DATE