



STATE OF WEST VIRGINIA

APPLICATION FOR EDUCATION EXPENSE REIMBURSEMENT

Enrollment Deadline: _____

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

EMPLOYEE NAME		UNIQUE ID NUMBER	
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)		SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	
TITLE(S) OF CLASSES		DATE(S) OF ATTENDANCE	DEGREE PROGRAM (BS, BA, MS, MA, PhD, etc.)
COST OF TUITION AND REGISTRATION FEES	OTHER FEES (Explain - attach additional pages if necessary)	TOTAL AMOUNT REQUESTED	
\$ _____	\$ _____	\$ _____	
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	

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

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

SELECTION COMMITTEE DECISION (provide reasons/justification): <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
SELECTION COMMITTEE CHAIRPERSON'S SIGNATURE	TITLE	DATE
DEPARTMENT APPROVAL SIGNATURE		DATE



STATE OF WEST VIRGINIA
REQUEST FOR
EDUCATION EXPENSE REIMBURSEMENT PAYMENT

DEPARTMENT NAME	AGENCY/DIVISION/SECTION/ETC.	
EMPLOYEE NAME	UNIQUE ID NUMBER	
WORK ADDRESS	WORK PHONE	
SCHOOL/INSTITUTION (Name and Address)	DATE(S) OF ATTENDANCE	
EXPENSES QUESTED	TOTAL AMOUNT RE-	\$
Cost of Tuition/Registration Fees	\$	_____
Lab Fees	\$	_____
Other Fees (Explain - attach additional pages if necessary)	\$	_____
Amount of Approved Subsidy	\$	_____
Financial Aid Received	\$	_____
My signature below verifies that I have provided accurate and complete information.		
EMPLOYEE'S SIGNATURE	DATE	

1. Attach original receipts and/or copies of canceled checks totaling the amount requested for reimbursement on the Application for Subsidized Education Leave (Form EERL-B), **and an original document of the grades for the covered classes.**
2. Attach a copy of the Reimbursement Agreement.
3. Sign and date the request for payment, and send it to your immediate supervisor:
 (Enter name and address of immediate supervisor)

FOR ACCOUNTING USE ONLY:	
Account Number: _____	Cost Center Code: _____
Authorized Approval: _____	Date: _____



STATE OF WEST VIRGINIA
APPLICATION FOR SUBSIDIZED EDUCATION LEAVE

EMPLOYEE NAME		UNIQUE ID NUMBER	
EMPLOYMENT LOCATION		JOB CLASSIFICATION	
WORK ADDRESS		WORK PHONE	
PRESENT DUTIES (Attach additional pages if necessary)			
RELATIONSHIP OF CLASS TO CURRENT JOB DUTIES			
SCHOOL/INSTITUTION (Name and Address)		SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	
AMOUNT OF SUBSIDY REQUESTED: \$ _____ or _____ % of current salary		DEGREE PROGRAM (BS, BA, MS, MA, PhD, etc.)	
EMPLOYEE'S SIGNATURE		DATE	

SUPERVISOR'S RECOMMENDATION (provide reasons/justification): <input type="checkbox"/> APPROVED <input type="checkbox"/> MODIFIED (explain) <input type="checkbox"/> DISAPPROVED	
SUPERVISOR'S SIGNATURE	DATE

APPOINTING AUTHORITY'S RECOMMENDATION (provide reasons/justification): <input type="checkbox"/> APPROVED <input type="checkbox"/> MODIFIED (explain) <input type="checkbox"/> DISAPPROVED	
APPOINTING AUTHORITY'S SIGNATURE	DATE

SELECTION COMMITTEE DECISION (provide reasons/justification): <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
SELECTION COMMITTEE CHAIRPERSON'S SIGNATURE	TITLE	DATE
DEPARTMENT APPROVAL SIGNATURE	DATE	



STATE OF WEST VIRGINIA
EDUCATION REIMBURSEMENT AGREEMENT

This Agreement, made this ____ day of _____, 20____, by and between the Bureau/Department of _____ and _____, an employee of _____. Any change in the terms or provisions of this contract must be mutually agreed to in writing by both parties.

WHEREAS, the Selection Committee has investigated the employee’s qualifications and job responsibilities; and

WHEREAS, it is the recommendation of the Selection Committee that _____ and the State of West Virginia could more effectively and efficiently utilize the services of this employee if he or she were to receive additional education and academic or practical training in the field of _____;

NOW, THEREFORE, in consideration of the future benefits to be obtained by _____ and the State of West Virginia, the Selection Committee authorizes the employee to receive a stipend and expense reimbursement in order to receive education and training under the following conditions:

WITNESSETH

- I. _____ agrees to grant unto the employee a subsidy as follows:
SCHOOL: _____ FIELD OF STUDY: _____
SUBSIDY AMOUNT: \$ _____ EXPENSE REIMBURSEMENT AMOUNT: \$ _____
APPROVED PERIOD OF STUDY: _____ to _____
Starting Date Ending Date

The employee agrees to the obligated period of employment identified below following completion of training:

The expense reimbursement amount specified above will be paid to the employee only upon successful completion of classes and presentation of a grade of at least “C” (or its equivalent) for undergraduate classes or accredited vocational courses, and a grade of at least “B” (or its equivalent) for graduate classes or greater, and valid invoices and receipts from the educational/training facility. Any amount of expense in excess of the approved amount is the sole responsibility of the employee.

- II. It is further agreed and understood between the parties that if said employee does not resume employment as herein set forth, such separation from employment shall be regarded as a breach of contract. The reason for such separation (resignation, retirement, dismissal, or other) shall be

made a part of the permanent personnel record of the employee, and the reimbursement and/or subsidy amount will become due and payable as a refund to _____, This reimbursement shall be calculated on a pro rata basis for the remaining balance of obligated months of employment. If the employee leaves the agency involuntarily, no refund is required, unless the cause of separation was dismissal.

WITNESS THE FOLLOWING SIGNATURES

Employee Name (please print): _____

Employee Signature: _____

Employee Unique ID Number: _____

State of West Virginia

County of _____, to-wit:

Taken, subscribed, and sworn to before me this _____ day of _____, 20____.

My commission expires _____, 20____.

AFFIX SEAL HERE:

NOTARY PUBLIC: _____

FORWARDED TO APPOINTING AUTHORITY BY SUPERVISOR

Supervisor's
Signature: _____ Date: _____

Appointing Authority or Designee Name (please print): _____

Appointing Authority or Designee Signature: _____

Agency: _____

Bureau/Department (if applicable): _____

Taken, subscribed, and sworn to before me this _____ day of _____, 20____.

My commission expires on the _____, 20____.

AFFIX SEAL HERE:

NOTARY PUBLIC: _____