EDUCATIONAL ASSISTANCE REIMBURSEMENT PROGRAM

REIMBURSEMENT REQUEST FORM

To: **Elected Official/Division Director/Department Head/Supervisor**

From: _____ **Position:** _____ **Shift:** _____
Please print name

Department: _____ **Date of Hire:** ____/____/____

☐ **Full Time Employee** ☐ **Part Time Employee / Scheduled Hours/Per week:** _____

I am requesting a Tuition Reimbursement for a class entitled:

_____
Print Class Title Above

How does this course relate to your current job or a foreseeable future position in the Division? _____

_____

Educational Institute Class is being conducted at: _____

Course Start Date: ___/___/___ **Course End Date:** ___/___/___

Tuition/Registration/Materials cost: $ _____

Are you receiving matching funds from any other source? Yes ☐ **No** ☐

(If so, please attach a separate sheet showing details of the tuition reimbursement or other funds being received and from what source)

List amount you request to be awarded $ _____.

☐ **Copy of receipts and transcripts attached** ☐ ***I understand I must submit final grade once course is complete***

I certify that all of the above information is true and correct.

Applicant Signature: _____ **Date:** ____/____/____

Please do not write below this line

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Comments: _____

☐ **Recommend** ☐ **Not Recommend**

_____ **Date:** ____/____/____
Official/Division Director

****

Review Committee Recommendation:

☐ **Recommended $** _____ ☐ **Not Recommended** **Date:** ____/____/____

_____ _____ _____
Kate Coyle, Commissioner **Alison Kivikoski, HR Director** **Jude Gates, E & M Director**

So approved,

Rockingham County Board of Commissioners

_____ _____ _____
Thomas Tombarello, Chair ***Brian Chirichiello, Vice Chair*** ***Kate Coyle, Clerk***

Date Approved by BOC: ____/____/____ ****** This agreement expires 6 months from BOC signature date**