

EDUCATIONAL ASSISTANCE REIMBURSEMENT PROGRAM
REIMBURSEMENT REQUEST FORM

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

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

Department: _____ Date of Hire: _____

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

I am requesting an Educational Assistance Reimbursement for a course 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/Material costs: \$ _____

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)

Previous Reimbursement received in this calendar year from Rockingham County: \$ _____

List amount you request to be awarded: \$ _____

Copy of course description and cost 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

Comments: _____

Recommend Not Recommend

Date: ___/___/___

Official/Division Director/Supervisor

Review Committee Recommendation:

Recommended \$ _____ Not Recommended Date: ___/___/___

Kathryn Coyle, Commissioner

Alison Kivikoski, Sr Director HR

Jude Gates, Sr Director Facilities Op

So approved,

Rockingham County Board of Commissioners Date Approved by BOC: _____

Kathryn Coyle, Chair

Steven Goddu, Vice Chair

Thomas Tombarello, Clerk

**** This agreement expires 6 months from BOC signature date