

EDUCATIONAL ASSISTANCE REIMBURSEMENT PROGRAM
REIMBURSEMENT REQUEST FORM

Pre-Approval:

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

From: _____ Position: _____ EE#: _____
Please print name

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

☐ Full Time Employee ☐ Part-Time Employee Benefits Eligible/Scheduled Hours/week: _____

I am requesting a Educational Assistance Reimbursement preapproval for a course entitled:

Print Course Title Above

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

Educational Institute Course is being conducted at: _____

☐ In-Person Course ☐ Online Course

Course Start Date: ____/____/____ Course End Date: ____/____/____

Tuition/Registration/Materials estimated cost: \$ _____

☐ Copy of course description and tuition costs attached

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

Applicant Signature: _____ Date: ____/____/____

Please do not write below this line

Human Resources Only:

The above course falls under the following covered expenses option:

☐ Option I: Major Specific Course ☐ Option II: General Education/Elective Course

\$_____/ \$4,000.00 has been reimbursed in CY _____. The following course falls into CY _____.
☐ The following course/degree aligns with the employee's job description.

Human Resources Reviewer Date: ____/____/____

Official/Division Director Review: _____ Sent to O/DD: ____/____/____

Comments: _____

☐ Recommend ☐ Not Recommend

Official/Division Director Date: ____/____/____

O/DD Signs then scans copy to Human Resources. Original form and attached information go back to the employee.

Approval:

To: Educational Assistance Review Committee/Board of Commissioners

From: _____
Please print name

Course Completion Date: ____/____/____ Final Grade Received: _____

Tuition/Registration/Materials final 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 the amount you request to be awarded \$ _____.

☐ Copy of receipts and transcripts attached ☐ Copy of final grade attached

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

Applicant Signature: _____ Date: ____/____/____

Review Committee Recommendation: Sent to Review Committee: ____/____/____

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

Kathryn Coyle
Commissioner

Alison Kivikoski
Senior Director of HR

Jude Gates
Senior Director of Facilities

So approved,		
Rockingham County Board of Commissioners		
_____ Kathryn Coyle, Chair	_____ Steven Goddu, Vice Chair	_____ Thomas Tombarello, Clerk
Date Approved by BOC: ____/____/____ **** This agreement expires 6 months from BOC signature date		

Warrant: _____ Awarded Date: _____