



EMPLOYEE EDUCATION REIMBURSEMENT APPLICATION

Employee Information:		School/Program Attending Information:	
Employee Last Name, First, MI	Department/Office	Name of School/Program	
Current Job Title	Date of FT Hire	Street Address	City, State, Zip
Email Address		Website	

Program Dates:	Type of Course:	Toward Degree of:
Start Date:	<input type="checkbox"/> In class	<input type="checkbox"/> Associate - Major:
Anticipated End Date:	<input type="checkbox"/> On-Line	<input type="checkbox"/> Bachelor - Major:
		<input type="checkbox"/> Masters - Major:
		<input type="checkbox"/> Other (non-degree Certificate):

Give a degree/program description and how it is related to your current position and/or future advancement opportunities(attach an official course/program description from the school's website):

Estimated total cost of tuition, books, lab fees, or other eligible costs (verification of tuition cost must be attached):

I, _____ wish to enroll in the above course/program. I have read the policy and procedure regarding education reimbursement and agree to the terms outlined. I understand that grades or other evidence of satisfactory completion must be provided.

Employee Signature: _____ Date: _____

I, _____, fully understand that I must continue employment with the County of Monroe for three (3) years after completion of the last course/courses taken. If my employment with the County of Monroe is terminated for any reason (voluntarily or otherwise), I will reimburse the County for all amounts expended.

Employee Signature: _____ Date: _____

Department Recommendation

_____ Approved _____ Not approved

Department Head/Supervisor Statement: Provide a statement on the position of the department in support or non-support of the employee's request for seeking educational reimbursement. Explain how the employee is positioned for advancement within the department or County and how the coursework/program will enhance the employee's skill set or education to strengthen the department's ability to deliver public services.

Funding Plan: Describe the department's plan or outline to be able to support the employee's education reimbursement including whether the expenses are an allowable cost under any funding formula the department receives funding to operate (include multiple years if applicable and account number(s) to be charged):

Department Head / Supervisor Name: _____

Department Head/ Supervisor Signature: _____ Date: _____

County Administrator/Chief Financial Officer Approval

_____ Approved _____ Not Approved

Comments: _____

County Administrator/Chief Financial Officer: _____ Date: _____

Account # to be charged: _____