**Education Reimbursement Submission Form**

**Part B: To be completed by employee after completion of any course(s) prior to reimbursement.**

**Employee Name** Click or tap here to enter text. **Date** Click or tap to enter a date.

**Agency** Click or tap here to enter text. **Classification/Title**  Click or tap here to enter text.

# COURSE EXPENSES AND GRADE(S): (Must submit itemized receipts and proof of grade)

Tuition/Enrollment $Click or tap here to enter text.

Fees $Click or tap here to enter text.

Books/Materials $Click or tap here to enter text.

Total Cost[[1]](#footnote-1) $Click or tap here to enter text.

Preapproved Estimated Cost (attach approval): $Click or tap here to enter text.

Course Grade(s): Click or tap here to enter text.

# I acknowledge that I have read and understand the statewide Education Reimbursement Policy. I understand that if I voluntarily resign or am dismissed for cause from {agency} within six (6) months from the effective date of the reimbursement, I agree to repay {%} of the reimbursed cost. If I voluntarily resign or am dismissed for cause from {agency} between six months and one calendar year from the effective date of the reimbursement, I agree to repay a prorated amount based on the total amount of reimbursement provided and the remaining time of employment.

*Employee Signature Date*

*Appointing Authority Signature Date*

1. Educational reimbursement costs exceeding $5,250 may be taxable. [↑](#footnote-ref-1)