**Education Reimbursement Request Form**

**Part A: To be completed by employee and submitted to their supervisor prior to beginning any course(s).**

**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.

# LIST COURSE(S) TO BE TAKEN:

Course Title Click or tap here to enter text. Course/Credit Hours Click or tap here to enter text.

Course dates Click or tap here to enter text. to Click or tap here to enter text.

Degree/Certification sought (if applicable) Click or tap here to enter text.

Undergraduate Graduate Doctorate Certification Other

Name of Institution Click or tap here to enter text. Address of Institution Click or tap here to enter text.

Expected Cost (tuition, books, materials, or other educational materials required by the program): Click or tap here to enter text.

# DEVELOPMENT OBJECTIVE:

# How do the requested course(s) relate to your job assignment/position and duties?

# Click or tap here to enter text.

# If the course(s) meets during your normal work hours, how will your work schedule be adapted?

# Click or tap here to enter text.

# I certify that I meet the following eligibility qualifications: a. Completed at least one thousand forty (1,040) hours of credited state service, and b. Have obtained satisfactory performance.

# I understand that this request must be approved prior to the start of any course(s) to receive reimbursement at the end of the course(s). I further understand that if this request is approved, reimbursement will be contingent upon successful completion (a grade of B or better for graduate courses; a grade of C or better for undergraduate courses, if applicable) of each course and submission of all receipts and paid bills within 30 days thereafter.

*Employee Signature Date*

*Supervisor Signature Date*