

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.](#)

WORKING CONDITION BENEFIT¹:

Review and fill out this section only if the requested education/training falls under the Working Condition Benefit. If not, continue below.

I certify that the education/training is required by my employer.

I certify that the education/training is required to maintain the skills for my current position.

I certify that the education/training is not part of a program of study that is outside my current trade or business.

ELIGIBILITY:

I certify that I meet the following eligibility qualifications:

- a. Completed at least one thousand forty (1,040)² 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.

¹ See section 11D in [Statewide Education Reimbursement Policy](#), or the [IRS publication](#).

² Agencies may require 2,080 hours of credited state service for select positions.

Employee Signature

Date

Supervisor Signature

Date

If submitting under Working Condition Benefit:

Agency Fiscal Signature

Date

SAMPLE