

REQUEST FOR FINANCIAL REIMBURSEMENT OF EDUCATIONAL EXPENSES

Employee Request Form

Section A: To be Completed by Employee

Employee Name:	Date:
Current Job Title:	Employee ID#:

*Qualifying Educational Degree:
*Qualifying Course of Study:
ODOC Hire Date:

****Loan Information (if applicable)**

Original Date of Loan:
Qualified Education Loan Lender:
Address:
Telephone Number:
Account #:
Name on Account:

Section B: Professional Development Review

Total Amount of this Payment	\$ _____
Previous Payments Total	\$ _____
Total Paid on Behalf of Employee	\$ _____
Benefit Balance Remaining	\$ _____

***Attach a copy of an educational transcript, current degree plan or class schedule indicating course of study.**

****Attach a current copy of the employee student loan statement which includes length of loan and balance of loan.**

*****Attach proof of payment if employee paid out-of-pocket.**

Approved for payment by: _____
Signature

Name (Print) Title Date