



Date (mm/dd/yyyy): _____ Employee ID: _____

Name: _____
Last First M/I

Address: _____
Number and Street City State/Zip

Title: _____ Division: _____

Work Phone: (____) _____ Employment Date (mm/dd/yyyy): _____

Educational Assistance Requested				
College/University/Institution:				
Course Name	Course Began	Course Ended	Grade	Cost/Hour
Total Requested Reimbursement				

I certify that the above is true and complete.

Employee Signature

Date (mm/dd/yyyy):

Supervisor Signature

Date (mm/dd/yyyy):

Department Manager Signature

Date (mm/dd/yyyy):

Division Director Signature

Date (mm/dd/yyyy):

Human Resources Director Signature

Date (mm/dd/yyyy):

Please attach documentation from their university or college on the courses completed, credit hours earned, tuition charges, proof of payment, and final grade immediately following course completion; no later than 90 days after course completion.

Class-Fund	Fund Type	Department	Bud Ref	Percent