



**Submit completed application along with cover letter, degree sheet, and copy of most recent closed PMP to [human.resources@omes.ok.gov](mailto:human.resources@omes.ok.gov). Applications must be submitted by March 1 for classes beginning in the following fiscal year (July 1 – June 30).**

Date: (mm/dd/yyyy): \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M/I

Address: \_\_\_\_\_  
Number and Street City State/Zip

Title: \_\_\_\_\_ Division: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ OMES Start Date: (mm/dd/yyyy): \_\_\_\_\_

**Educational Assistance Requested for Course Enrollment July 1 – June 30**

College/University/Institution	Degree/Program/Certification	Course(s) Begin Date	Course(s) End Date	Course(s) Cost

Scholarship(s), Fee Waiver(s), and/or Grants Received: \_\_\_\_\_

**I certify that the above is true and complete. A cover letter, degree sheet, and a copy of my most recent closed PMP are attached.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Director (If ISD employee, CIO or COO) Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Human Resources Director Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_(HR Initials) Current PMP overall rating is meets or exceeds standards.

\_\_\_\_\_(HR Initials) No formal discipline has been received within one year of this application.