

**County of Union****Initial Request for Educational Reimbursement**

Employee Name :

Dept./Div.:

Position:

Supervisor Name:

Dept. Head Name:

**I have read and understand the Plan Statement for Tuition Reimbursement - \_\_\_\_\_ Initial here**

Describe current job duties (include hours, location and service years):

Name of Course(s) to be considered:

Name of Institution:

Name of Degree sought :

Division Head shall provide background on their employee and to the merit of the proposed course/degree as it applies to the work product of the employee.

Division Head Signature:

Department Head Signature:

DH Notes:

# County of Union

## Initial Request for Educational Reimbursement

Provide detailed explanation of current duties and how the accomplishment of the sought after degree will enhance your contribution to the work product of your division:

**County of Union**

**Initial Request for Educational Reimbursement**

I certify that I have not falsified any of the above information. I have read the Tuition Reimbursement Guidelines and understand conditions for approval. I also understand failure to comply with all stipulations of the Guidelines shall lead to non-reimbursement or repayment of reimbursement.

Signed :

**County Manager Approval :**