



County of Union

Continuing Education Tuition Reimbursement Request

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Initial Tuition Reimbursement Request Submitted Month Year

Employee Name First Name Last Name

Department and Division Department Division

Position

Supervisor Name First Name Last Name

Department Head Name First Name Last Name

I have read and understand the Plan Statement for Tuition Reimbursement (Initial)

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

Name of Course(s)
to be considered

Name of Institution

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Name of
Degree sought

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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

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Department Head
Signature

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Department Head
Notes

Provide detailed explanation of current duties and how the accomplishment of continuing education of the degree being sought will enhance your contribution to the work product of your department and/or division.

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.

Employee
Signature

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County Manager
Approval

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