



County of Union

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):

Attach a list of courses 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: _____

