



APPLICATION FOR TUITION REIMBURSEMENT – CERTIFIED STAFF

Application Deadlines:

Fall Semester: July 1st
Spring Semester: December 1st
Summer Session: May 1st

Employee's Name: _____ Date Hired: _____

Assigned Program/Division: _____

Position: _____

Course Name (# if applicable): _____

Institution: _____

Date Course Begins: _____ Anticipated Ending Date: _____

Cost of Course: \$ _____

Document one or more of the following:

Anticipated benefits of course to your current job skills; how the course will advance your career; and/or how the course will lead to position advancement:

I have met the criteria for tuition reimbursement as stated in the C.E.S. Tuition Reimbursement Plan and I understand that the approval of this tuition reimbursement request is at the discretion of C.E.S. I further understand that reimbursement is contingent upon my remaining a C.E.S. employee **through the end of the fiscal year in which the course is taken** and my obtaining a grade of B or better or a passing grade.

Signature of Employee: _____ Date Submitted: _____

Immediate Supervisor's Endorsement: _____
(Signature) (Date)

Submit completed application to the Director of Finance and Operations

Date Received: _____ Date Reviewed: _____

Disposition to be completed by Executive Director

Request Approved: _____ Request Denied: _____

If Approved: Reimbursement Amount \$ _____

If Denied: Reason for Denial: _____

Executive Director's Signature: _____ Date: _____