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 CERT NON-CERT
 DATE OF HIRE: _____
 FALL SEMESTER
 F/Y: _____

APPLICATION DEADLINE: JULY 1
SUBMIT COMPLETED APPLICATION TO THE DIRECTOR OF FINANCE & OPERATIONS

APPLICATION FOR TUITION REIMBURSEMENT

FIRST NAME: _____ LAST: _____

ASSIGNED PROGRAM/DIVISION: _____

POSITION: _____

INSTITUTION: _____ COURSE NAME: _____

COURSE START DATE: _____ COURSE END DATE: _____

COST OF COURSE: _____

DOCUMENT ONE OR MORE OF THE FOLLOWING:

- How will this course benefit your current job skills?
- How will the course advance our position/career?

APPLICANT'S AGREEMENT: I have read and met the criteria for tuition reimbursement as stated in the C.E.S. Tuition Reimbursement Plan and I understand that the approval of this application 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 by obtaining a grade of B or better or a passing grade.

SIGNATURE OF EMPLOYEE: _____ DATE SUBMITTED: _____

SUPERVISOR'S ENDORSEMENT: _____
(Signature) (Date)

AGENCY RECOMMENDATION
 Disposition to be completed by the Executive Director

I have reviewed the tuition guidelines and this application. I DO DO NOT approve this request

 Executive Director Signature

DATE REVIEWED: _____ AMOUNT TO BE REIMBURSED: _____

IF APPLICATION IS DENIED, STATE REASON: _____