



Tuition Reimbursement Application

APPLICANT INFORMATION

Name _____ Employee Identification Number _____

Phone Number _____ Email _____

COURSE INFORMATION

School, College or University				
Course Title	Course No.	Start Date	End Date	Credit Hrs
Total Tuition or Fees			Total Hours	

TEST PREPARATION

Group Offering Seminar		Cost:
Dates		

TEST FEES

Name of Test		Cost:
Date		

I certify that the employee meets eligibility criteria, and I approve the request for reimbursement.

Principal/Supervisor Signature/Date _____

I agree to continue employment with the Bladen County Board of Education for at least 12 months after receiving tuition reimbursement.

I understand that all reimbursements are subject to the number of participants, the costs of services, and the availability of funds.

I understand that if I resign, am dismissed, or voluntarily terminate my employment with the Bladen County Board of Education within twelve months of receiving tuition reimbursement, I will be required to refund the entire amount of the reimbursement to the system by having the tuition reimbursement withheld from the last paycheck or my making full payment to the district.

I certify that the information given above is true. _____

Employee Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Approved Amount to be reimbursed _____ Budget Code _____

Denied Reason _____

Director's Signature _____ Date _____

Finance Officer's Signature _____ Date _____