



- SPRING
- SUMMER
- FALL
- YEAR: \_\_\_\_\_
- CERTIFIED
- NON- CERTIFIED

EID: \_\_\_\_\_

DOH: \_\_\_\_\_

**SUBMIT COMPLETED APPLICATION TO THE ASSOCIATE EXECUTIVE DIRECTOR**  
**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 your 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 at the time of completion of the course, 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:

---