



- 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 (for courses solely offering Pass/Fail criteria).

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

IF APPLICATION IS DENIED, STATE REASON:
