



TUITION REIMBURSEMENT/EDUCATIONAL LEAVE APPLICATION

Date of Application: _____

Instructions: Read "Tuition Reimbursement Policy" in Section 4.10 and "Educational Leave Policy" in Section 8.10 of Policies and Procedures. Send this form, once completed, to your supervisor for approval. UPON COMPLETION OF CLASS, return a copy of the approved request with final grade, receipt, and non-encumbered invoice signed by your agency head to the finance division of your department. **The request must be approved prior to the start of the class.**

APPLICATION FOR: (Check all that apply)

TUITION REIMBURSEMENT EDUCATIONAL LEAVE (HRS. PER WEEK: _____)

EMPLOYEE INFORMATION:

Name: _____

Cell Phone: _____

Department: _____

Work Phone: _____

Title: _____

COURSE INFORMATION:

Name of School and Campus: _____

Course Number	Course Title	Start Date	End Date	Course Day/Hours	Cost per Credit	Credit Hours	Total Tuition

Explain how course(s) benefit(s) you and the County:

Reason for Course: (Check all that apply)

Job related course

Career development program

Other: _____

Type of degree program enrolled in if applicable:

GED certificate

Vocational/technical

Undergraduate/Major _____

Graduate/Major _____

FINANCIAL ASSISTANCE

Do you receive financial assistance from any other source? YES NO

If yes, explain: _____

APPLICANT SIGNATURE

I hereby apply for reimbursement and/or leave in accordance with the established Tuition Reimbursement Policy and Educational Leave requirements of Henrico County. I have read the policies, understand them, and agree to comply with their provisions. I also certify that the information above is correct.

Signature of applicant _____ Date _____

DEPARTMENTAL ACTION:

I have reviewed this application for Tuition Reimbursement and/or Educational Leave and found it to comply with Section 4.10 and/or 8.9 of Policies and Procedures.

Approved Disapproved Please add any additional comments below:

Signature of Agency Head or Designee:

Date: