

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 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 Department. The request must be approved prior to the start of the class.

APPLICATION FOR:

(Check those that apply)

TUITION REIMBURSEMENT

EDUCATIONAL LEAVE (HRS. PER WEEK: _____)

EMPLOYEE INFORMATION:

Department _____

Name _____
First MI Last

Title _____

Phone# _____ Work Phone _____

COURSE INFORMATION:

Name of School _____ Address _____

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

Explain how course(s) will benefit you and the county: _____

Check those that apply

Job related course Career development program Other _____

Enrolled in degree program

Undergraduate/Major _____ Graduate/Major _____

Vocational/technical GED certificate

Do you receive financial assistance from any other source? _____ If yes, explain: _____

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 Comments _____

Signature of agency head or designee _____ Date _____

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