

TUITION REIMBURSEMENT APPLICATION

County of Cumberland

Each course submitted for reimbursement will require a separate application!

Employee Name: _____

TODAY'S DATE: ____/____/____

Department: _____

DATE OF HIRE: ____/____/____

Job Title: _____

Union Affiliation: _____

Email Address for Tuition Reimbursement Correspondence: _____

College or University: _____ Semester: _____ Year: _____

Degree Program: Certificate Associates Bachelors Masters Doctorate

Course Name: _____ Course #: _____

Amount of Credits: _____ Cost Per Credit: \$ _____ Total Cost of Course: \$ _____

(Do not include any associated fees)

Type of Course: Traditional Online If Traditional: Scheduled Day(s): _____ Time: _____

Are you receiving any financial assistance for this course? YES NO

If yes, what type of assistance? Loan Grant Scholarship OTHER

Please list any financial assistance and include amounts:

Please state, in your own words, how this course is related to your job duties/responsibilities?

Be sure to include the billing statement and proof of payment at the time of application submission. Please note that grants/scholarships, books, fees will not be reimbursed by the County. ONLY DIRECT OUT-OF-POCKET PAYMENT FOR THE COURSE!

In the event for whatever reason you receive additional grant or scholarship funds at any time which reduce your net tuition expenses by signing below you acknowledge you have a continuing obligation to report such and provide proofs to the County and the County will adjust any payments so that it is a reimbursement of funds you have actually expended which you have not been compensated for by some other source.

Employee Signature _____ Date: _____

Department Head Signature _____ Date: _____

Personnel Director Signature _____ Date: _____

For Personnel Department Use Only:



APPROVED



DENIED

Reason for denial, if applicable:

TOTAL REIMBURSEMENT: \$ _____

Submitted For Processing ____/____/____

Submitted To: _____