

BOONE COUNTY TUITION REIMBURSEMENT APPLICATION

DEPARTMENT _____ DATE _____

NAME _____ JOB TITLE _____

NAME AND LOCATION OF SCHOOL _____

COURSE TITLE _____

STARTING DATE _____ COMPLETION DATE _____

TUITION _____ TOTAL _____

Are you working toward a degree? YES _____ NO _____

If yes, field of study _____

I hereby state that my enrollment in the above course is completely voluntary and without promise of future benefits by the Company. If I receive other educational subsidy from either G.I. Bill, Grant or Scholarship for the course, I understand the county will only apply this benefit to my out of pocket portion of the tuition expense.

DATE _____ EMPLOYEE SIGNATURE _____

DEPARTMENT HEAD _____ DATE _____

PERSONNEL DEPARTMENT APPROVAL _____ DATE _____

COUNTY ADMINISTRATOR APPROVAL _____ DATE _____

COMMENTS: _____

AUTHORIZATION FOR REFUND

COURSE FINAL GRADE _____ AUTHENTICATED BY: TRANSCRIPT ___ OTHER _____

I hereby state that I completed this course with the grade stated above.

EMPLOYEE SIGNATURE _____ DATE _____

PAYMENT FOR TUITION FOR THIS COURSE IS HEREBY APPROVED: