



**Clay County Board of County Commissioners
REQUEST FOR EDUCATION ASSISTANCE**

Name:		Employee #:	
Department:			
Name of Education Institution:			
Term Beginning:		Term Ending:	

COURSE NO.	TITLE	TUITION FEE
		\$
		\$
		\$
TOTAL REIMBURSEMENT REQUEST <i>(Maximum \$ 1,200.00 per fiscal year)</i>		\$

APPROVALS	PRINT NAME	SIGNATURE	DATE
Immediate Supervisor			
Department Head			
Human Resources			
County Manager			

(Note: All Approvals Must Be Obtained Prior To Start Of Course.)

COMPLETE THIS SECTION UPON COMPLETION OF THE APPROVED COURSE

***REQUESTS FOR REIMBURSEMENT MUST BE MADE WITHIN 30 DAYS AFTER COMPLETION OF EACH COURSE.**

I further acknowledge that it is my responsibility to provide, in order to obtain tuition reimbursement, an appropriate receipt and evidence of successful ("C" or better) course completion (i.e., transcript) to the County Manager. I further acknowledge that I must be actively employed by the County at the time I seek reimbursement and, should I leave the County of my own will or be terminated for cause during a one-year period after receiving reimbursement for the course(s), I agree to repay Clay County for the total amount reimbursed.

Reimbursement Request Submitted:	
Employee's Signature:	
Department Head Acknowledgement:	