



**REQUEST for PAYMENT
EDUCATION ASSISTANCE REIMBURSEMENT**

The education assistance program assists full-time employees in developing or improving competencies and skills directly related to their present jobs. Assistance may be provided for costs of tuition, registration fees and laboratory fees not to exceed \$500.00 per semester or \$1500.00 per year. The educational activities must be appropriate and included in an approved PEP plan. The employee must receive approval for each course taken prior to enrollment and will be reimbursed upon satisfactory completion of the course(s). Any exceptions to the policy must receive approval from the President.

Name: _____

Information on course for which approval was granted:

Course number and name _____

Credit hours for course _____

Institution offering course: _____

Beginning and ending dates of course: _____

Costs* of course (provide receipts) _____

(*include tuition, registration fees and/or, laboratory fees only)

I have attached the following (both are required for reimbursement):

_____ Copy of my final grade for the above stated course

_____ Copy of the approved request form with all signatures

_____ **Employee Signature** _____ **Date**

(Administrative Use)

Vice President

Date

President

Date

Approved request must be forwarded to Controller.