

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

<b>Name:</b>		<b>Employee #:</b>	
<b>Department:</b>			
<b>Name of Education Institution:</b>			
<b>Term Beginning:</b>		<b>Term Ending:</b>	

COURSE NO.	TITLE	TUITION FEE
		\$
		\$
		\$
		\$
<b>TOTAL REIMBURSEMENT REQUEST</b> <i>(100% of the Tuition cost up to a maximum \$ 1,200.00 per fiscal year)</i>		\$

APPROVALS	PRINT NAME	SIGNATURE	DATE
<b>Department Head</b>			
<b>Human Resources</b>			

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

<b><u>COMPLETE THIS SECTION UPON COMPLETION OF THE APPROVED COURSE</u></b>	
<b>*REQUESTS FOR REIMBURSEMENT <u>MUST</u> BE MADE WITHIN <u>30 DAYS</u> AFTER COMPLETION OF EACH COURSE.</b>	
<i>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 Human Resources Department. 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, excluding retirement under the Florida Retirement System, within two years of receiving reimbursement for the course(s), I agree to repay Clay County for the total amount reimbursed and that such amount may be deducted from any compensation payable by the County to the member.</i>	
<b>Reimbursement Request Submitted:</b>	
<b>Employee's Signature:</b>	
<b>Department Head Acknowledgement:</b>	