

**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 \$ 1,000.00 per fiscal year)</i>		\$

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

*(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.*

<b>Reimbursement Request Submitted:</b>	
<b>Employee's Signature:</b>	
<b>Department Head Acknowledgement:</b>	