

Hamilton County 2022 Tuition Reimbursement Application

Completed application must be returned to Supervisor, Human Resources Development at least 30 days prior to the start of any coursework.



PART A: EMPLOYEE INFORMATION

Last, First Name: _____ Hire Date: _____
 Home Address: _____
 Department: _____
 Site: _____ Work Phone/Cell: _____

UNIVERSITY/SCHOOL/PROGRAM INFORMATION

Name of University/School: _____
 Address/Location: _____
 Degree: Associate Bachelor Graduate/Masters
 Major: _____

COURSES/FEEES

PART A: Completed/approved PRIOR to start date						PART B: Completed AFTER conclusion of course	
Course #	Course Title	Credits	Course Start (mm/dd/yyyy)	Course End (mm/dd/yyyy)	Estimated Tuition	Actual Tuition	Final Grade
#	#	#	#	#	#	#	#
#	#	#	#	#	#	#	#

VERIFICATION AND AUTHORIZATION

I acknowledge that I... (please initial each line, then sign and date below):

_____ have read and agree to Hamilton County's Tuition Reimbursement Policy;

_____ have completed and attached my signed tuition reimbursement agreement to this form;

_____ responded to all questions truthfully and accurately. I further understand that falsification, misstatement, or omission of any information on this application will lead to disqualification for receipt of tuition reimbursement benefits and/or may result in disciplinary action up to and including termination of my employment;

_____ authorize the educational institution named in this application to release transcript and fee information to the Hamilton County Human Resources Department, as requested.

Employee Signature: _____ Date: _____

MANAGER APPROVAL

I certify the employee identified above meets all eligibility requirements of the Hamilton County Tuition Reimbursement Program and is pursuing a program of study that enhances the employee's ability to perform their job responsibilities and/or increase the employee's advancement potential.

Signature, Supervisor/Manager: _____ Date: _____
 Signature, Department Head: _____ Date: _____
 Signature, HR Development Supervisor: _____ Date: _____