

# TUITION REIMBURSEMENT/EDUCATIONAL LEAVE APPLICATION



Date of Application \_\_\_\_\_

*Instructions:* Read "Tuition Reimbursement Policy" in Section 4.10 and "Educational Leave Policy" in Section 8.9 of Policies and Procedures. Send to your supervisor for approval. UPON COMPLETION OF CLASS, return a copy of the approved request with final grade, receipt, and non-encumbered invoice signed by your agency head to the Finance Department. The request must be approved prior to the start of the class.

**APPLICATION FOR:**

(Check those that apply)

TUITION REIMBURSEMENT

EDUCATIONAL LEAVE (HRS. PER WEEK: \_\_\_\_\_)

**EMPLOYEE INFORMATION:**

Department \_\_\_\_\_

Name \_\_\_\_\_  
First MI Last

Title \_\_\_\_\_

Phone# \_\_\_\_\_ Work Phone \_\_\_\_\_

**COURSE INFORMATION:**

Name of School \_\_\_\_\_ Address \_\_\_\_\_

Course Number	Course Title	Start Date	End Date	Course Day/Hours	Cost Per Credit	Credit Hours	Total Tuition

Explain how course(s) will benefit you and the county: \_\_\_\_\_  
\_\_\_\_\_

Check those that apply

Job related course     Career development program     Other \_\_\_\_\_

Enrolled in degree program

Undergraduate/Major \_\_\_\_\_     Graduate/Major \_\_\_\_\_

Vocational/technical     GED certificate

Do you receive financial assistance from any other source? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

I hereby apply for reimbursement and/or leave in accordance with the established Tuition Reimbursement Policy and Educational Leave requirements of Henrico County. I have read the policies, understand them, and agree to comply with their provisions. I also certify that the information above is correct.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENTAL ACTION:**

I have reviewed this application for  Tuition Reimbursement and/or  Educational Leave  
And found it to comply with Section 4.10 and/or 8.9 of Policies and Procedures.

Approved     Disapproved    Comments \_\_\_\_\_

Signature of agency head or designee \_\_\_\_\_ Date \_\_\_\_\_

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