



# GOODHUE COUNTY

## APPLICATION FOR TUITION REIMBURSEMENT

(completed by employee)

This application must be filed with your Department Head prior to the start of the class.

Name

Department

Job Title  Course Title

School  Course begins  ends

Tuition Cost \$

Explain nature or content of course:

This application is submitted for approval of tuition reimbursement for the above in accordance with the provisions and conditions of the Tuition Reimbursement Policy. My enrollment in this course is voluntary and I understand that my time spent taking the course will not be considered as time worked for Goodhue County. I understand the required vesting period as stated in the Tuition Reimbursement Policy and elect to reimburse the County if the vesting period requirement is not met.

Employee Signature: 

DEPARTMENT HEAD/SUPERVISOR APPROVAL

I believe this course  Will  Will not benefit this employee in his/her present capacity.

Department Head Signature:  Date

NOTICE OF COMPLETION AND APPLICATION FOR REFUND

The employee named on this application has satisfactorily (received a "C" grade or higher) completed the course described in this application. The completed records of completion and the receipt of payment are attached.

Please refund employee \$  in accordance with the provisions of the Tuition Reimbursement Program.

Department Head Signature: \_\_\_\_\_ Date