

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 H | annah Carlson | | | | | |
|---|---|---|--|---|--|-----------------------|
| Department I | nformation Technology | | | | | |
| Job Title | IT Technical Support Su | Supervisor Course Title | | IT Operations | | |
| School UW | / - Lacrosse | Course begin | ns 9/2/25 | e | nds 12/12/25 | |
| Tuition Cost \$ | 2550 | | | | | |
| Explain natui | re or content of course: | | | | | |
| application operations governance This application of the Tuition course will not | ents in support of the organizes and services. Coverage inclusives are service management; facilities frameworks In it is submitted for approval of tuiting Reimbursement Policy. My enrolles be considered as time worked for ursement Policy and elect to reimbursement Policy and elect to reimbursement. | ludes network es; help desk s ion reimbursemen ment in this cour r Goodhue Coun | infrastructure; ervices; DevOp nt for the above in rse is voluntary ar ty. I understand the | servers and os; process and accordance and I understance required when the required | d devices; computer automation; with the provisions and and that my time spent resting period as stated in | conditions taking the |
| Employee Sign | ature: Hannah Carlso | n | | | | |
| | DEPARTM | 1ENT HEAD/SUPE | RVISOR APPROVA | L | | |
| I believe this co | ourse Will | Will not | benefit this em | ployee in his | her present capacity. | |
| Department H | | 100000000000000000000000000000000000000 | | Date | 07/28/2025 | |
| | NOTICE OF C | COMPLETION AND | APPLICATION FOI | r refund | | |
| | named on this application has sati on. The completedrecords of com | | | | mpleted the course desc | ribed |
| Please refund e | employee \$ | in accordance wi | th the provisions o | of the Tuitior | n Reimbursement Progra | m. |
| Department H | ead Signature: | | | Date | | |