

**EDUCATIONAL ASSISTANCE REIMBURSEMENT PROGRAM**  
**REIMBURSEMENT REQUEST FORM**

To: Department Head/Supervisor/Elected Official/Division Director

From: \_\_\_\_\_ Position: \_\_\_\_\_ Shift: \_\_\_\_\_  
Please print name

Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Full Time Employee       Part Time Employee / Scheduled Hours/Per week: \_\_\_\_\_

I am requesting an Educational Assistance Reimbursement for a course entitled:

Print Class Title Above

How does this course relate to your current job or a foreseeable future position in the Division? \_\_\_\_\_

Educational Institute Class is being conducted at: \_\_\_\_\_

Course Start Date: \_\_\_/\_\_\_/\_\_\_      Course End Date: \_\_\_/\_\_\_/\_\_\_

Tuition/Registration/Material costs: \$ \_\_\_\_\_

Are you receiving matching funds from any other source?    Yes \_\_\_ / No \_\_\_

*(If so, please attach a separate sheet showing details of the tuition reimbursement or other funds being received and from what source)*

Previous Reimbursement received in this calendar year from Rockingham County: \$ \_\_\_\_\_

List amount you request to be awarded: \$ \_\_\_\_\_

Copy of course description and cost attached       I understand I must submit final grade once course is complete

I certify that all of the above information is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Please do not write below this line**

Comments: \_\_\_\_\_

Recommend       Not Recommend

Date: \_\_\_/\_\_\_/\_\_\_

Official/Division Director/Supervisor

Review Committee Recommendation:

Recommended \$ \_\_\_\_\_       Not Recommended      Date: \_\_\_/\_\_\_/\_\_\_

Kevin St. James, Commissioner

Alison Kivikoski, HR Director

Jude Gates, E & M Director

So approved,

**Rockingham County Board of Commissioners**

Kevin St. James, Chair

Thomas N. Tombarello, Vice Chair

Kevin L. Coyle, Clerk

Date Approved by BOC: \_\_\_/\_\_\_/\_\_\_

\*\*\*\* This agreement expires 6 months from BOC signature date