

PRE-APPROVAL REQUEST FOR CERTIFICATION/EDUCATION REIMBURSEMENT

Submit before each term/semester.

- 1. Complete form and obtain all approval signatures.
- 2. Send completed form to your Direct Supervisor/Manager.
- 3. Employee is limited to \$3,000 a year for Education Reimbursement.

| Name: | | | | Employee ID#: | | | |
|-------------------------------------------------|-----------|----|-----|----------------|----|---------------|----|
| Address: | | | | Phone: | | | |
| City: | | | | State: Zip: | | Zip: | |
| | | | | | | | |
| Department: | | | | | | | |
| Job Title: | | | | Director: | | | |
| Employment Status: | Full Time | | | me | | Date of Hire: | |
| Name of School or Certification Entity: | | | | Term/Semester: | | | |
| Estimated cost of tuition/books: | | | | | | | |
| Course(s)/Exam(s): | | | | | | | |
| Details of expected outcomes/usage: | | | | | | | |
| | | | | | | | |
| Is this part of a certification/degree program: | | | Yes | | No | | |
| If yes, name of certification/degree: | | | | | | | |
| Will you be requesting on-the-clock study time: | | | | | No | | |
| If yes, amount of time requested: | | | | | | | |
| Previous degrees received: | AA AS | ВА | BS | MA | MS | MBA | |
| Date graduated: Major(s): | | | | | | | |
| School(s): | | | | | | | |
| Signature of Applicant: | | | | | | Dat | e: |
| Signature of Director: | | | | | | Dat | e: |
| Signature of General Manager: | | | | | | Dat | e: |

Upon completion of certification/degree program, District employees will be subject to a 24 month service agreement. If a District employee voluntarily terminates employment before completing the service agreement, the employee must repay a pro-rata of the amount reimbursed. Reimbursement of educational costs by the District may be taxable, and employees *are responsible for any resulting tax liability*.