REQUEST for Tuition Reimbursement

STEP 1: Complete this section (please print or type) and sign your name where indicated.

Name (Please Print)	Employee Number	Email
Department / Elected Official Office	**Position/Title**	**Supervisor (Please Print)**

Course Number and/or Title	Course Dates (Start and End)	Grade Received	Total $ for Required Books	Cost per Credit Hour	Total $ of Reimbursement
			$	$	$
			$	$	$
			$	$	$
			$	$	$

Total Reimbursement Requested $ _____

Subtract any Scholarships/ Grants $ _____

Reimbursement to Employee $ _____

I certify that the tuition cost(s) are true and accurate.

☐ _____ _____

Employee Signature **Date**

STEP 2: Obtain your supervisor's approval; forward to Department Liaison.

I certify that the following information is attached:

☐ **proof of final grades**

☐ **copy of fee bill/receipt of payment**

☐ **receipt for required books ONLY (if applicable)**

☐ _____ _____

Supervisor's Signature **Date**

The "Request for Tuition Reimbursement Form" must be submitted **within 60 days** after course completion

FOR OFFICE USE ONLY

STEP 3: Send this form to the Montgomery County Human Resources Department – Administration Building

Payroll: please include in the next paycheck of _____ tuition reimbursement in the amount of $_____, of this amount, $_____is taxable per IRS reimbursement Guidelines.

_____ _____

Human Resources **Date**

Remaining Balance for Calendar Year: $_____

ATTENTION!

By signing this document, you are indicating that you have read and accept all of the provisions of the Montgomery County tuition reimbursement policy. In accordance with this policy, in the event you should choose to terminate your employment within one year of the completion date of your last class, the amount you have been reimbursed during that year will be deducted from your last paycheck.

(Last Rev.: (02/2010, 12/21/2010, 5/23/2019)