

# Application for Tuition Reimbursement

Complete and submit this form in its entirety **before you enroll in a course**

**Step 1: All information requested is mandatory for approval of application; please print or type.**

\_\_\_\_\_

Name (Please Print)Telephone NumberEmail

\_\_\_\_\_

Department / Elected Official OfficePosition/TitleSupervisor (Please Print)

Course Number and/or Title	Course Dates (Start and End)	Number of Credit Hours	Cost Per Credit Hour	Total \$ for Required Books	Total Class (Books, if applicable)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Name of Accredited College/School: \_\_\_\_\_ City & State: \_\_\_\_\_ Total All Courses \$ \_\_\_\_\_

Name of Degree Program \_\_\_\_\_  Associates  Bachelors  Masters  Doctorate

How does this degree program/course apply to your present position or to a future position within the County?

\_\_\_\_\_

\_\_\_\_\_

**STEP 2: You and your supervisor must sign this document**

\_\_\_\_\_ Date \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Date

Please note: It is the supervisor's responsibility to ensure that all of the above information follows the procedures set forth in the tuition reimbursement policy and review the course cost estimate prior to signing this document.

**FOR OFFICE USE ONLY**

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

Approved per policy at:  50%  100% \_\_\_\_\_  
Human ResourcesDate

Please note: Your reimbursement may be subjected to IRS taxable reimbursement guidelines.

**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))