



**EDUCATION REIMBURSEMENT PROGRAM APPLICATION**

*(One application required per course)*

**To be completed by employee and submitted before course begins**

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

Employee name: \_\_\_\_\_

Department: \_\_\_\_\_ Job title: \_\_\_\_\_

Course title: \_\_\_\_\_

Course dates: \_\_\_\_\_ to \_\_\_\_\_

Degree sought (if applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address of institution: \_\_\_\_\_

**Course Expenses:**

**Course tuition cost \$** \_\_\_\_\_

Development objective (what long-term goal is this program/course intended to help you reach):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If seeking a degree program, please attach a brief outline of the courses included in the program from the college catalog or program brochure.

I have received, understand, and agree to the details contained within the City of North Augusta Personnel Policy 103.02 *Education Reimbursement Program*.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**EDUCATION REIMBURSEMENT PROGRAM APPLICATION**

**DEPARTMENT RECOMMENDATION**

Approved       Not approved

Reason: \_\_\_\_\_  
\_\_\_\_\_

Does this application meet the established guidelines of the City of North Augusta Personnel Policy 103.02 Education Reimbursement Program?  Yes     No

Was this expense included in the department budget?

Yes     No     HR Budget

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date

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**HUMAN RESOURCE DEPARTMENT APPROVAL**

This request is     Approved     Not approved

Reason (if not approved): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Human Resources Manager Signature

\_\_\_\_\_  
Date



**REIMBURSEMENT REQUEST**  
(One request required per course)

**To be completed by employee after successful completion of course**

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

Employee name: \_\_\_\_\_

Department: \_\_\_\_\_ Job title: \_\_\_\_\_

Course title: \_\_\_\_\_

Course dates: \_\_\_\_\_ to \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address of institution: \_\_\_\_\_

**Grade received:** \_\_\_\_\_

**Course tuition cost \$** \_\_\_\_\_

Documentation of successful completion attached: [ ] Yes [ ] No

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**To be completed by Human Resources**

Reimbursement in the amount of \$ \_\_\_\_\_ is approved.

Expenses should be charged to: \_\_\_\_\_

\_\_\_\_\_  
Human Resource Manager Signature

\_\_\_\_\_  
Date