

PASCO COUNTY TUITION REIMBURSEMENT PROGRAM APPLICATION

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	M. I.	DATE
HOME ADDRESS		CITY/STATE/ZIP CODE	
BUSINESS PHONE	DATE EMPLOYED BY COUNTY	DEPARTMENT	
DIVISION		JOB TITLE	

PRIOR EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)

Grade School 5 6 7 8	High School 1 2 3 4	Trade or Other School 1 2 3 4	College 1 2 3 4 ()
Name of College	Major	Degree(s) Received & Date	Credits Earned

COURSES FOR WHICH TUITION REIMBURSEMENT IS REQUESTED

Name of School/College	Registration Date	Date Classes Start	Have you previously applied for Tuition Reimbursement? Y() N()
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Course Code	Complete Title of Course	No. Credit Hours	Cost per Credit Hour	Total Tuition Cost	<u>DO NOT WRITE IN THIS SPACE</u>							
					Course Approval			Grade	Reimbursement Approval			
					Eligible	Initials	Date		Initials	Date		
Yes	No											
			\$	\$								
			\$	\$								
			\$	\$								
			\$	\$								
			\$	\$								

EDUCATIONAL OBJECTIVE

() Nondegree () Two-Year Degree () Four-Year Degree () Graduate Degree

FIELD OF SPECIALIZATION	TITLE OF DEGREE SOUGHT
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State how your proposed course work meets the objectives of the Tuition Reimbursement Program. Attach additional sheet if needed.

State other methods of reimbursement, if applicable (i.e., G.I. Benefits, Scholarships, etc.)

It is my intent at this time to remain in the employ of Pasco County for at least one year following completion of approved course work. In the event that I resign, retire, or am terminated with cause within this one-year period, I agree to reimburse the County for tuition benefits applicable to courses completed during such period.

DATE

EMPLOYEE'S SIGNATURE

I () recommend () do not recommend that this application be approved for tuition reimbursement. (If not recommending approval of this application, department/division head must attach a statement outlining the reason[s].)

DATE

DEPARTMENT/DIVISION HEAD'S SIGNATURE

DATE

PERSONNEL DIRECTOR'S SIGNATURE