



Muskingum County
Board of Developmental Disabilities

Dream ★ Believe ★ Achieve

Coursework Reimbursement Application

Employee Name: _____ Date: _____

Position: _____ Hire Date: _____

University/Program: _____ Degree (If applicable): _____

Class: _____ Class Start Date: _____

Tuition Amount Requested: _____

Please describe the relevance of the class as related to your current position:

Employee Signature/Date

Supervisor Signature/Date

Employees must submit documentation to the Director of HR when the class is complete that shows a grade of a 'C' or better or 'Pass' for a 'Pass/Fail' class. After that documentation is provided, the course will be submitted for reimbursement.

Tuition reimbursement will be provided on a check separate from the payroll check. Dependent upon tax laws at the time of the request, reimbursements may be subject to being taxed.

For HR Use Only:

Eligibility for Tuition Assistance:

Hire date: Yes No

Performance: Yes No

Course Relevance: Yes No

Approved

Disapproved

Reason: _____

Superintendent Signature

Date