



Muskingum County Board of Developmental Disabilities

Dream ★ Believe ★ Achieve

Request for Coursework Reimbursement

This form to be used after the class is completed. Documentation must be provided.

Employee Name: _____ Date: _____

University/Program: _____ Class: _____

Tuition Amount Request: _____

Please attach documentation of the amount paid in the form of a bill from the program or University.

Grade Received _____

Please attach documentation of the grade received for the class listed above.

I certify that the information and the documentation that I have provided is accurate and is no way falsified. I understand that if it is determined that any information or documentation was falsified in some manner, I will be responsible for repaying any coursework assistance received and subject to disciplinary action.

Employee Signature/Date

For HR Use Only:

Reviewed payment documentation: Yes No

Reviewed Grade Received: Yes No

Approved

Disapproved

Reason: _____

Superintendent Signature

Date