

**CLAY COUNTY BOARD OF COUNTY COMMISSIONERS**

**REQUEST FOR EDUCATION ASSISTANCE**

I, \_\_\_\_\_, hereby apply for tuition assistance for the  
(Print Name)  
course(s) described below for the term beginning \_\_\_\_\_ and ending  
(Date)  
\_\_\_\_\_ at \_\_\_\_\_  
(Date) (Name of University or Community College)

**COURSE NO.**

**TITLE**

**TUITION FEE**

\*TOTAL 0.00 (85% for  
successful completion) = \_\_\_\_\_  
(Maximum = \$500/Fiscal Year)

**APPROVED**

**PRINT NAME**

**SIGNATURE**

**DATE**

Department Head \_\_\_\_\_  
Human Resources \_\_\_\_\_

**(Note: ALL APPROVALS MUST BE OBTAINED PRIOR TO START OF COURSE)**

**\*REQUESTS FOR REIMBURSEMENT MUST BE MADE WITHIN 30 DAYS  
AFTER COMPLETION OF EACH COURSE.**

I further acknowledge that it is my responsibility to provide, in order to obtain tuition reimbursement, an appropriate receipt and evidence of successful ("C" or better) course completion (i.e., transcript) to the Public Safety Director. I further acknowledge that I must be actively employed by the County at the time I seek reimbursement and, should I leave the County of my own will during the twelve month period after completing the course(s), I agree to repay Clay County for the total amount reimbursed.

**Date of Reimbursement Request** \_\_\_\_\_

**Signed** \_\_\_\_\_  
(Employee)

**Department Head** \_\_\_\_\_