

**TUITION REIMBURSEMENT PROGRAM  
REQUEST FOR EDUCATIONAL ASSISTANCE**

<b>Name of Employee:</b>	
<b>Department:</b>	
<b>Position Title:</b>	
<b>Date of Hire:</b>	
<b>Manager:</b>	
<b>Name/Address of School Attending:</b>	
<b>Employee Certification and Verification</b>	
<b>Degree Program / Area of Study / Course Term / Course Title:</b>	
<b>Course Start/End Dates (prior approval required):</b>	
<b>Explain how this course will assist you in your current position, or prepare you for a new position with Rockdale County:</b>	
I have reviewed the Tuition Reimbursement Policy. I understand that I must meet all requirements for reimbursement, and will submit requests for payment within 90 days.	
<b>Employee's Signature/Date</b>	
<b>Review by Manager and Recommendation by Dept. Head</b>	
<b>Request Reviewed / Manager's Signature and Date:</b>	
<b>Criteria Review and Recommendation by Dept. Head</b> <input type="checkbox"/> Yes	
<b>If not recommended, indicate reason here:</b>	
<b>Dept. Head Signature/Date</b>	
<b>Review and Approval by Director of Human Resources</b>	
<b>Approved:</b>	<b>Not Approved/Dept. Head Notified:</b>
<b>HR Director Signature/Date</b>	
<b>Comments</b>	
Amt. reimbursed _____ YTD/max? _____ Course grade _____ Submitted to Finance for payment / Date _____	