

WASHINGTON COUNTY  
TUITION REIMBURSEMENT FORM



Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Course(s) (include credit hours) to be reimbursed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Goals (include the relevance of the course or field of study to your job/employment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Tuition/Mandatory Student Fees - After Grants have been applied/out-of-pocket expenses only:  
\_\_\_\_\_  
*(Not to include books, labs or course fees etc.)*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*(Please include with application a **Student Detail Schedule**)*

**To receive reimbursement** the employee must submit a **Grade Report** at the end of the course showing course completion with a minimum of a C grade, or a passing grade in non-graded courses, along with an **Account Summary (showing the fees)**, to the Human Resource Department . Payments will be made at the rate of one-half of the DSU Tuition & Fees Schedule with a maximum of \$1000 (reimbursement not to exceed total eligible out of pocket expenses).

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**Employees participating in this Tuition Reimbursement Program will be required to sign below indicating that fifty (50) percent of all funds received under this program from the County will be returned to the County if the employee terminates within one (1) year of receiving reimbursement.**

\_\_\_\_\_  
*Employee Signature* \_\_\_\_\_  
*Date*

**Participating employee's supervisor is required to sign below indicating that the proposed studies will not interfere with the employee's regular working hours AND that the courses or field of study is relevant to the employee's county employment.**

\_\_\_\_\_  
*Supervisor Approval* \_\_\_\_\_  
*Date*

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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
\_\_\_\_\_  
*Commission/County Administrator Signature*

Office Use Only  
Semester: \_\_\_\_\_ Total Credits: \_\_\_\_\_ Allowed Fees: \$ \_\_\_\_\_  
½ DSU Fee: \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
GLAccount # \_\_\_\_\_