Application for Tuition Reimbursement

Kentucky Educational Development Corporation

DIRECTIONS: Submit this completed form to your immediate supervisor prior to registering for a course. Approval for reimbursement of tuition and registration fees shall be determined on a semester basis in compliance with KEDC policy 03.19.

PLEASE PRINT/TYPE INFORMATION UNLESS SIGNATURE IS REQUIRED.

_____ _____

Name of Employee *Department / Division*

_____ _____ _____

Course *Name of Institution* *Start and End Dates*

$_____ $_____

Tuition Cost *Other Costs* **Explain additional costs*

Assistance will be granted only if the Executive Director determines the course will develop skills or upgrade performance of the employee. Briefly describe how each course is directly or reasonably related to your position at KEDC.

_____

_____

_____

Are you eligible for reimbursement from any other source (government-sponsored program, scholarship, etc.)?

☐ YES ☐ NO

By your signature, you will be acknowledging that if you are granted tuition reimbursement, you are agreeing to continue employment with KEDC for a minimum of one (1) calendar year from the date of reimbursement. Unless otherwise authorized by the Executive Director, should you leave employment before the completion of that one-year period, the amount of tuition reimbursement will be withheld from your final salary payment(s). You also agree to refund KEDC any monies paid to you for reimbursement of your textbook and / or fees.

_____ _____

Signature of Employee *Date*

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I ☐ recommend ☐ do not recommend that the applicant be reimbursed for tuition for the requested course. (If assistance is not recommended, please note reason.)

_____

_____

Course Funding Source: Org _____ Object _____ Project _____

_____ _____

Signature of Immediate Supervisor *Date*

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Approval for tuition reimbursement under policy 03.1251 is ☐ granted ☐ not granted.

_____ _____

Signature of Executive Director *Date*

Original to Personnel; copies to applicant and immediate supervisor.