

# REIMBURSEMENT REQUEST FORM

Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Degree/Program: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

By signing this document I understand all reimbursement will be contingent upon successful course completion of a passing grade or higher. Any course I receive below a passing grade, drop, or withdraw from will NOT be reimbursed by the County. I give Victoria County permission to verify my declared degree and any financial information regarding my education. Further, I, hereby understand that any reimbursement is subject to additional eligibility requirements in the adopted policy and that I must submit all necessary documentation to be eligible for reimbursement to the County Judge's office.

Employee Signature:

Dept. Head/Elected Official Signature:

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

\_\_\_\_\_

\_\_\_\_\_

## FOR INTERNAL USE ONLY

Date Received:

Time Received:

\_\_\_\_\_

\_\_\_\_\_

Received By: \_\_\_\_\_

# POST SEMESTER CHECKLIST

Name: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Degree/Program: \_\_\_\_\_

Institution: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

- Request Form
- Proof of Enrollment
- Itemized Receipts
- Transcript/Copy of Official Grades

By signing this document, I attest that the information on this form is accurate to the best of my knowledge and certify that all information provided is complete and correct. I further understand that falsifying this information could be grounds for disciplinary action, with the potential for termination of employment.

Employee Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

## FOR INTERNAL USE ONLY

Date Received:

\_\_\_\_\_

Time Received:

\_\_\_\_\_

Received By:

\_\_\_\_\_