

**TUITION REIMBURSEMENT APPLICATION**  
**County of Cumberland**

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

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

DATE OF HIRE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Union Affiliation: \_\_\_\_\_

Email Address for Tuition Reimbursement Correspondence: \_\_\_\_\_

College or University: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Degree Program:     Certificate     Associates     Bachelors     Masters     Doctorate

Course Name: \_\_\_\_\_ Course #: \_\_\_\_\_

Amount of Credits: \_\_\_\_\_ Cost Per Credit: \$ \_\_\_\_\_ Total Cost of Course: \$ \_\_\_\_\_  
(Do not include any associated fees)

Type of Course:     Traditional     Online    If Traditional: Scheduled Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Are you receiving any financial assistance for this course?     YES     NO

If yes, what type of assistance?     Loan     Grant     Scholarship     OTHER

Please explain the financial assistance: \_\_\_\_\_

How is This Course Related to Your Job Duties/Responsibilities? \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

*For Personnel Department Use Only:*

**APPROVED**     **DENIED**

Reason for denial, if applicable:

TOTAL REIMBURSEMENT: \$ \_\_\_\_\_

Submitted For Processing \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitted To: \_\_\_\_\_

Final Grade: \_\_\_\_ Employee Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_