

KENOSHA COUNTY
DIVISION OF HUMAN RESOURCES

APPLICATION FOR TUITION REIMBURSEMENT
(ACCOUNT #14310.519400)

Name of Employee: _____ Department: _____

Position Title: _____ Normal Work Hours: _____

Title of Course (a separate form must be submitted for each course): _____

Catalogue Description of Course Attached: _____

Name and Address of School: _____

Class Hours: _____ Course Dates: _____

Reason for Taking Course: _____

Cost: Tuition _____ Books _____ Total _____

I understand that I must remain in service with Kenosha County for at least one (1) full year after completion of this course, and that if I do not I must repay the County any amount reimbursed to me for this course. The County is hereby authorized and permitted to deduct the amount of tuition reimbursement from my last paycheck for repayment if I do not remain with the County for one (1) full year after course completion.

Signature: _____ Date: _____
Employee

RECOMMENDATION:

Immediate Supervisor _____ Date _____

Department Head _____ Date _____

Human Resources Director _____ Date _____

APPROVAL:

County Executive _____ Date _____

HUMAN RESOURCES DIVISION USE ONLY:

County Cost of Course: _____ Date Processed _____