

Geauga County  
Employee Tuition Reimbursement Plan  
Application

<i>Employee</i>		<i>Date</i>	
<i>Department</i>		<i>Job Title</i>	
<i>Course</i>		<i>School</i>	
<i>Course Dates</i>		<i>Credit Hours</i>	
<i>Registration, Tuition, etc.</i>		<i>Other Approved Expenses</i>	
<i>Total Course Expense</i>		<i>Dept. Head Approval</i>	

By signing this Application for educational assistance, I agree to accept the *Tuition Reimbursement Plan* policy requirements established and authorize through payroll deduction or other repayment plan, repayment of the reimbursement if I leave the employ of Geauga County for any reason, except death or lay-off, within two (2) years of the course's completion.

<i>Signature:</i>		<i>Date:</i>	
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<i>Describe how this course is job related and how it will improve your job performance:</i>