



ALEXANDER COUNTY TUITION REIMBURSEMENT APPLICATION

I. Employee Information

Name: _____ Employee #: _____

Department: _____ Division: _____

Position: _____

II. Educational Information

Educational Institution: _____

Type of Degree: Associate Bachelor's Master's Doctoral

Program of Study: _____

Course Title: _____ Registration Amount: _____

Beginning Date: _____ Tuition Cost: _____

Ending Date: _____ Required Fees: _____

Attach supporting documentation (click here): _____ Total: _____

- Payment Receipt
- Transcript containing semester grades

III. Employee Statement

State briefly why you believe this course(s) helped you in your present job or prepared you for career advancement within Alexander County Local Government.

IV. Employee Certification and Signature

I understand if my application is approved, Alexander County will reimburse me the cost of registration, tuition, and mandatory fees up to a maximum of \$1,000 per semester upon my completion of the course and certification that my grade(s) meet the program standards.

Employee Signature

Date

V. Human Resources Approval

HR Director Approval: Approved Not Approved

Explanation of Non-approval:

Human Resources Director Signature

Date