



BUTLER COUNTY ENGINEER'S OFFICE EDUCATIONAL ASSISTANCE APPLICATION

EMPLOYEE: Complete Part I of this form and forward it to your Department Manager ***before enrolling in a course.*** Upon approval of your Department Manager, the form will be returned to you to keep until the course work is completed and you have received your grade or certificate of completion.

PART I

Name:

Department:

Educational Institution:

Educational Objective:

<input type="checkbox"/> Training	<input type="checkbox"/> Continuing Education
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>

Course Name:

(Course must meet criteria defined in BCEO Policy 5.8(C2))

Course Dates: Begins: Ends:

Is this course career related? Yes No

If "YES" how does it apply to your present position or next position within BCEO?

Employee's Signature: _____

Manager's Signature: _____

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(Continued)

HUMAN RESOURCES MANAGER:

This course meets the criteria as specified in the BCEO Policy Manual Section 5.8(C2), and is eligible for reimbursement upon successful completion of the coursework within the terms specified in BCEO 5.8 (B4).

This course is not approved for reimbursement for the following reason(s):

HR Manager's Signature: _____

County Engineer's Signature: _____

PART II

After completion of the course, forward this form to the Human Resources Manager with the following information:

- Official transcript or certificate of completion reflecting coursework completed and the grade earned (if applicable)
- Receipt for tuition paid
- Refund amount expected:

I understand that my acceptance of this reimbursement constitutes assent to an agreement to either continue my employment with BCEO or return a pro-rata portion of the reimbursement received equal to the ratio of time worked to time required per BCEO 5.8 (D). This FORM will serve as the written agreement required by BCEO 5.8(D).

I have read and understand the employment commitment required by BCEO 5.8 (D) and agree to fulfill that period of employment. I allow assert that I have complied with all of the terms of and conditions listed in the Tuition Reimbursement Policy (BCEO Section 5.8), and hereby submit my request for reimbursement.

Employee Signature: _____

HR Manager Signature: _____

Butler County Engineer Signature: _____