

APPLICATION FOR EDUCATIONAL ASSISTANCE

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II Employee name _____ Course Title _____

COURSE AND/OR LEAVE APPROVAL

The proposed course is considered to be directly related to employee's work assignment and will be beneficial to job performance

Supervisor approval Date

This course is approved as an exception to the approved course policy
Course taken at agency request.
(Either requires approval of agency head or designee)

Division approval Date

AGENCY APPROVAL

Proposed course approved; may be reimbursed upon satisfactory completion.

Staff development/personnel approval Date

Taxable \$ _____ Budget Code _____

Budget officer approval Date

Non-Taxable \$ _____ Budget Code _____

Agency head/designee approval (if required) Date

III REIMBURSEMENT APPLICATION

Attached are grade report or verification of satisfactory completion and receipt (canceled checks are not acceptable) for the course approved above.

I request reimbursement in the amount of \$ _____

Employee signature Date

IV REIMBURSEMENT APPROVAL

The documents supporting the request for reimbursement are correct and comply with approved policy and procedures.

Authorized signature Date

COMPANY	ACCOUNT	CENTER	AMOUNT	PROGRAM	DISTRIBUTION	VOUCHER NO.	VENDOR NO.
JNL	DEPT/OFF			APPROVAL FOR PAYMENT SIGNATURE			APPROVAL DATE

Continued description of how this contributes to maintaining/improving current job skills (use additional sheet if necessary):