

KENOSHA COUNTY  
DIVISION OF HUMAN RESOURCES

APPLICATION FOR TUITION REIMBURSEMENT  
(ACCOUNT #100-030-0310-519400)

Name of Employee: \_\_\_\_\_ Department/Division: \_\_\_\_\_

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: \_\_\_\_\_

Degree Program or \_\_\_\_\_

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 employed with the County for one (1) full year after course completion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee (please keep a copy for your records)

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RECOMMENDATION:

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Director \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL:

County Executive \_\_\_\_\_ Date \_\_\_\_\_

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HUMAN RESOURCES DIVISION USE ONLY:

Reimbursement Amount: \_\_\_\_\_ Date Processed \_\_\_\_\_