

Reimbursement for Employment related Educational/Professional Course work

Date:

Name:

Department:

Position:

Course Title:

Institution/School:

Start Date:

Completion Date:

Please explain how this course relates to your employment with and provides a benefit to Warren County:

Total Cost (attach documents):

(Reimbursement is subject to review/approval by County Auditor)

Employee Signature: _____

Please submit this form along with the original Warren County Educational Reimbursement Voucher with all required backup to your Department Head with copies to: Human Resource Director, Personnel & Admin Committee Chair & County Administrator.

Approval by Personnel & Admin Committee Chair and one of the following: Department Head, Human Resource Director or County Administrator will be required for reimbursement. Department Head/HR Director/Personnel & Admin Chair – Please forward to County Administrator once signed.

APPROVED / DENIED by (name/title): _____

*****Department Head:** is funding available in Department Budget to cover this expense? (YES / NO)