

**TUITION REIMBURSEMENT APPLICATION/SCHEDULE
FOR JANUARY 1, 2019 – DECEMBER 31, 2020**

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		
HOME ADDRESS, CITY, STATE, ZIP		
ADMINISTRATION NAME (Enter the full name of your unit.)		
EMPLOYEE POSITION TITLE:	EMPLOYEE BARGAINING UNIT:	
	E	G
EDUCATIONAL INSTITUTION/FACILITY NAME AND MAILING ADDRESS		
HOW DOES THIS COURSE PERTAIN TO THE EMPLOYEE’S JOB?		
PROVIDE A COURSE DESCRIPTION (Attach additional pages, if necessary):		
EMPLOYEE WORK EMAIL ADDRESS	EMPLOYEE W #	EMPLOYEE WORK PHONE #

Enter course(s) information. Use the example below for assistance.

(EXAMPLE) - Child Development II - 131-01 COURSE TITLE(s) <small>(LIST COURSE NAME AND COURSE #/No ACRONYMS)</small>	3 NO. OF CREDITS	NO ONLINE YES/NO	W/T DAY(S) OF THE WEEK	9/1/17-2/1/18 START/END DATE	

ADMINISTRATION RECOMMENDATION

PRINT SUPV/MGR/APPOINTING AUTHORITY NAME & TITLE	Signature	Date	Approval
			Yes No
PRINT LOCAL HR REP NAME & TITLE	Signature	Date	Approval
			Yes No

**PLEASE FORWARD THIS COMPLETED FORM TO:
JACKIE FELTON (JACQUELINE.FELTON@MARYLAND.GOV)**