

**St. Clair County Community Mental Health
Application for Tuition Reimbursement**

Employee Name: _____

Program Site: _____ Job Title/Grade: _____

Date of Hire: _____

Major Field of Study: _____

Undergrad Level: _____ Graduate Level: _____

Name of College/University: _____

Date You Will Begin Course(s): _____ Expected Graduation Date: _____

Professional Goal Statement: (Please tell us why you are interested in the program and any other relevant information you wish to include. Attach additional sheet if necessary):

Please provide supporting documentation verifying enrollment in class for which you are requesting reimbursement, and documentation regarding required course study for the degree you are pursuing.

Staff Signature: _____

Approved

Denied

Supervisor Signature: _____

ADMINISTRATIVE REVIEW

Granted

This application has been reviewed and tuition reimbursement is granted for the following:

NOT Granted:

Rationale: _____

Chief Executive Officer/Designee Signature: _____

Executive Team Review Date: _____

Class Completed: _____ Grade: _____

Reimbursed Date: _____ Amount: _____

cc: Employee
Supervisor
Personnel File