

DEPARTMENT OF EDUCATION
TUITION REIMBURSEMENT REQUEST FORM

To be completed only if a DOE employee for at least one year

NAME: _____ E-MAIL: _____

SCHOOL/OFFICE: _____ TELEPHONE #: _____

JOB TITLE: _____

NAME OF SCHOOL: _____

COURSE TITLE & NUMBER: _____

UNDERGRADUATE COURSE CREDIT GRADUATE COURSE CREDIT CREDIT HOURS: _____

START DATE: _____ END DATE: _____

DOES THIS COURSE CREDIT LEAD TO A DEGREE OR CERTIFICATE: YES NO

IF YES, NAME OF DIPLOMA/DEGREE/CERTIFICATE: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. ATTACH ADDITIONAL SUPPORTING INFORMATION IF NEEDED.

HOW DOES THIS COURSE RELATE TO YOUR CURRENT POSITION OR POTENTIAL ADVANCEMENT OPPORTUNITIES WITHIN DOE?

HOW WILL THIS COURSE IMPROVE YOUR PROGRAM OR YOUR PERFORMANCE?

WILL THIS COURSE REQUIRE TIME AWAY FROM THE JOB? IF YES, HOW WILL YOUR SCHEDULE BE ADAPTED?

COST: _____

(Please note that the reimbursement amount is limited to the University of Maine system tuition rates, plus related fees. Receipts are needed for reimbursement)

I, as the applicant, understand that in the event I terminate employment prior to completion of an approved course, the department will be under no obligation to reimburse me. If I leave the department within one year from the course completion date tuition will be subject to repayment.

APPLICANT SIGNATURE: _____ DATE: _____

APPROVALS

EMPLOYEE HAS SATISFACTORY PERFORMANCE RATING ON HIS/HER PERFORMANCE REVIEW YES NO

EMPLOYEE DOES NOT HAVE ANY RECORD OF DISCIPLINARY RECORD FOR THE LAST 3 YEARS YES NO

APPROVE YES NO

PRINCIPAL _____

COMMENTS: _____

ACCOUNT # _____

EUT OFFICE REVIEW: _____

COMMENTS: _____

APPROVED NOT APPROVED

EDUCATION IN THE UNORGANIZED TERRITORIES DIRECTOR (COMMISSIONER'S DESIGNEE) _____

AFTER ALL SIGNATURES AND APPROVALS ARE MADE, PROVIDE COPIES TO APPLICANT, PRINCIPAL AND DIRECTOR.

UPON COMPLETION OF THE COURSE, APPLICANT SHOULD SEND AN INVOICE (INCLUDING VENDOR CODE), RECEIPT, GRADE AND THIS FORM TO EUT OFFICE.
