

## REQUEST FOR FINANCIAL REIMBURSEMENT OF EDUCATIONAL EXPENSES

### Employee Request Form

#### **Section A: To be Completed by Employee**

Employee Name:	Date:
Current Job Title:	Employee ID#:

*Qualifying Educational Degree:
*Qualifying Course of Study:
ODOC Hire Date:

#### **\*\*Loan Information (if applicable)**

Original Date of Loan:
Qualified Education Loan Lender:
Address:
Telephone Number:
Account #:
Name on Account:

#### **Section B: Professional Development Review**

Total Amount of this Payment \$ \_\_\_\_\_

Previous Payments Total \$ \_\_\_\_\_

Total Paid on Behalf of Employee \$ \_\_\_\_\_

Benefit Balance Remaining \$ \_\_\_\_\_

**\*Attach a copy of an educational transcript, current degree plan or class schedule indicating course of study.**

**\*\*Attach a current copy of the employee student loan statement which includes length of loan and balance of loan.**

**\*\*\*Attach proof of payment if employee paid out-of-pocket.**

Approved for payment by: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date