



MERCER COUNTY

Tuition Request Form (TRF-1)

Instructions: Employees may request reimbursement by submitting the Tuition Reimbursement Request Form prior to the fall, spring and summer semesters. Forms must be accompanied by a copy of the course description from the attending college or university. The description must reflect the number of credits that will be awarded upon completion of the course.

After all authorizations are obtained, the employee will be notified as to whether or not approval has been given. Upon completion of the course, employees must submit the Course Evaluation Form (TR-375) along with a copy of the receipt indicating payment and a copy of the employee's transcript indicating a grade of "C" or better in order to receive reimbursement. Reimbursement checks are processed by the Office of Personnel and sent to the employee by mail.

Submission Deadlines: August 1st—Fall Semester May 1st—Summer Semester
 November 1st—Winter Semester December 1st—Spring Semester

EMPLOYEE NAME

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EMPLOYEE TITLE	DEPARTMENT	EMPLOYMENT STATUS
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME

NAME OF ATTENDING INSTITUTION	
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ADDRESS OF INSTITUTION	
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COURSE NAME	
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SEMESTER (CHOOSE ONE)	<input type="checkbox"/> FALL <input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING
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EXPECTED DATES OF ATTENDANCE	
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NUMBER OF CREDITS		COST OF TUITION	
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IS THIS COURSE A REQUIRMENT FOR ATTAINING A DEGREE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DEGREE TYPE	<input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER
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DO THE COURSE HOURS CONFLICT WITH YOUR WORK HOURS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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FOR PERSONNEL USE ONLY

# Credits to-date	Reimbursement Amount	Account Number

APPROVALS

Department Director _____ Date _____	Personnel Director _____ Date _____
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Division Director _____ Date _____	County Administrator _____ Date _____
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MERCER COUNTY

Training Reimbursement Program

Course Evaluation Form (TRF-2)

INSTRUCTIONS: Upon completion of the course, submit this form along with a copy of the receipt indicating payment and a copy of your transcript indicating a grade of "C" or better.

EMPLOYEE NAME		
EMPLOYEE TITLE	DEPARTMENT	DIVISION
NAME OF INSTITUTION ATTENDED		
ADDRESS OF INSTITUTION		
COURSE NAME		
DATES OF ATTENDANCE		
SEMESTER (CHOOSE ONE)	<input type="checkbox"/> FALL <input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	
GRADE RECEIVED		
COURSE EVALUATION	PLEASE PROVIDE EXPLANATION FOR THE EVALUATION GIVEN	
<p style="text-align: center;"><i>CHOOSE ONE</i></p> <p><input type="checkbox"/> Critical to the quality of my performance</p> <p><input type="checkbox"/> Very helpful to me in my job</p> <p><input type="checkbox"/> Of long range value only</p> <p><input type="checkbox"/> Of little value—not worth the cost</p> <p><input type="checkbox"/> Nice to have but not particularly job oriented</p>		

EMPLOYEE SIGNATURE

DATE