

**CRAWFORD COUNTY LIBRARY
Policy Manual**

Policy No. 224.2

Subject: Application for Tuition Reimbursement

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

COURSE: _____

SCHOOL: _____

DATES OF COURSE: _____

COMPLETION DATE: _____

Briefly describe how this course will benefit your employment at the Crawford County Library.
(Attach additional sheet, if necessary)

AMOUNT OF TUITION REIMBURSEMENT REQUESTED: \$ _____

It is understood that Tuition Reimbursement is made only according to the terms and conditions set forth in Policy No. 224 of the Crawford County Library Policy Manual.

Date: _____ Employee Signature: _____

Date: _____ Director Approval: _____

ADOPTED: November 14, 2000

REVIEWED: March 12, 2015