City of Murray Request for Educational Assistance

| | ee Information (Please I | = | | | | | |
|--|---|--|---|-----------------|----------------------|-------------|--|
| | (Last) | (First) | M.I | Tele | ephone Number | | |
| Address: Home address (number and street) | | | City or Town State | | | ZIP code | |
| | ional Facility Information of educational facility: | | | _ | | | |
| | dentify your need for ass | | | | | | |
| | working toward a degre | e? □ Yes □ No | | | | | |
| If so, please specify degree: Associate Bachelors Masters Doctorate Please identify your major/minor in school: Major: | | | If you are not working toward a degree, please list your non -degree class(es) in the space provided: | | | | |
| | | | Time and Date of class(es): | | | | |
| <i>Identify</i> Fall Summe | Alinor: dentify your current semester in school: all Spring Summer Winter Iumber of hours for this semester: | | If class is during the week, have you received approval from your supervisor? Yes No Expected completion date of class(es): Objective of taking non-degree class(es): | | | | |
| | Signature of e | mployee | Date | | tment Head Superviso | or | |
| | Request for Parti | cipation in the educat | tion assistance progr | am is □ approve | d □ disapproved | | |
| | _ | Bill Wells, | Mayor | Mayor Date | | | |
| **** | ************************************** | ************************************** | | | | ***** | |
| • | u receive a "C" or better attach a copy of your gi | - | | ☐ Yes ☐ No | | | |
| | Reimbursement requested for Fees | | Tuition | Books | Lab | | |
| Please | attach a receipt for eac | h item to the back of | this form | | | | |
| | formation I have provide y of Murray is required b | | | | r \$5,250.00 per ca | lendar year | |
| | Signature of emplo | yee | Date | Depart | ment Head Superviso | ir | |
| Request for reimbursement in the education assistance program is \square approved \square disapproved | | | | | | | |
| | Rill Wells M | | Date | | | | |