

**WAKULLA COUNTY BOARD OF COUNTY COMMISSIONERS  
TUITION REIMBURSEMENT FORM**

**Date:**

**To:** Deborah DuBose, Human Resources

**From:**

**Subject:** Tuition Reimbursement Request

I hereby request reimbursement of the tuition expenses for the course(s) listed below:

<b>Course</b>	<b>Completion Date</b>	<b>Credit Hours</b>	<b>Grade</b>

I certify that the above itemized courses have been completed by me and I have met all the requirements for tuition reimbursement. Attached are original documents of my grades and payment receipts.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department/Division Director Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Human Resources Signature**

\_\_\_\_\_  
**Date**

***This request cannot be processed unless the form is completely and accurately filled out, the appropriate signatures are obtained, and original documents of your grades and payment receipts are attached.***