



**EDUCATION REIMBURSEMENT
PROGRAM APPLICATION**

State Form 53045 (2-22)



**Indiana State
Personnel Department**

EMPLOYEE INFORMATION: Please complete (type or print legibly)	
Name	
Home Address (number and street)	City / State / ZIP Code
Agency / Department / Branch	Work Telephone Number
Job Classification	Work (or personal if N/A) E-mail Address

Course Number	Course Name (Attach a copy of the course description from the school bulletin)	Credit Hours	Tuition Per Credit Hour
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FOR HIGHER EDUCATION COURSES:			
School attending	Date course begins (month, day, year)	Date course ends (month, day, year)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Course
Type of degree/certificate sought	Total credits required for degree/certificate sought	Credits accumulated toward degree/certificate prior to this application	Will credit(s) for this course apply toward degree/certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR CERTIFICATION COURSES:			
Organization providing course	Date course begins (month, day, year)	Date course ends (month, day, year)	<input type="checkbox"/> Certification Test <input type="checkbox"/> Prep Course

FEES AND ASSISTANCE:		
Are you receiving any other form of financial aid or tuition reimbursement? * <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide type of assistance:</i>	Amount of assistance \$
<i>*Note: Applicant must provide detailed account information from school.</i>	Estimate of: Tuition fees: \$ Additional fees: \$	Total Estimate \$

AGREEMENT	
I, the undersigned applicant, have read, understand, and agree to comply with the Education Reimbursement Policy. I understand approval of this application does not entitle the applicant to reimbursement for any payments – the provisions of the Education Reimbursement Policy apply and are incorporated herein.	
Applicant's signature	Date (month, day, year)
Supervisor's signature	Date (month, day, year)
APPROVALS: The Agency's Appointing Authority or designee, in coordination with its HR Representative, will complete this portion of the application to determine eligibility. The HR Representative or other Agency designee will notify the Education Reimbursement Program applicant of the eligibility decision.	

EDUCATION REIMBURSEMENT INITIAL DECISION	
Applicant's Date of Hire (month, day, year)	Applicant's Performance Status
Course(s) Start Date(s) (month, day, year)	Disciplinary Status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Amount for Reimbursement \$	
Contingent Approval Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
Signature of Appointing Authority or Designee	Title / Date (month, day, year)
Date applicant notified of decision (month, day, year)	

FINAL APPROVAL FOR REIMBURSEMENT FOLLOWING COURSE COMPLETION	
Applicant's Date of Hire (month, day, year)	Applicant's Employment Status
Course(s) End Date(s) (month, day, year)	Disciplinary Status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade(s) Earned	Approved amount for reimbursement \$
Course Completion Information Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:	
Reimbursement Distribution Date (month, day, year)	Total Amount Distributed this calendar year (not to exceed \$5,250.00) \$
Signature of Appointing Authority or Designee	
Signature of Agency Finance Director	Title / Date (month, day, year)