

FORM 1A



COUNTY OF ESSEX, NEW JERSEY

TUITION APPROVAL FORM
TUITION REIMBURSEMENT FORM

AS A MEMBER OF THE FOLLOWING UNION: _____

■ **PLEASE NOTE:** You must refer to your current contract to ascertain those reimbursement benefits which apply to you.
See back of form for further instructions.

NAME: _____ TITLE: _____ DATE: _____

DEPT: _____ DIVISION: _____

COURSE TITLE: _____ DESCRIPTION: _____

SCHOOL: _____ ADDRESS: _____

CREDIT # OF CREDITS: _____

DATES OF COURSE: FROM _____ TO _____ HOURS OF ATTENDANCE: FROM _____ TO _____

RELATIONSHIP OF COURSE TO YOUR EMPLOYMENT WITH THE COUNTY: _____

TUITION COST \$ _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

INITIAL APPROVAL: NOT APPROVED
(PENDING COMPLIANCE WITH THE TERMS OF THE CONTRACTUAL BARGAINING AGREEMENT)

DEPARTMENT DIRECTOR'S SIGNATURE _____ DATE: _____

DATE OF FINAL APPROVAL: _____

DEPARTMENT DIRECTOR'S SIGNATURE: _____

COUNTY OF ESSEX

OFFICE OF COUNTY CONTROLLER

Hall of Records
Newark, NJ 07102

ESSEX COUNTY EMPLOYEE EXPENSE VOUCHER DETAIL

Social Security No.

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Agency: _____

Claimant's Name: _____

Date From	Date To	Description	Unit Price			Amount	
			Dol.	Cents	Per	Dollars	Cents

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in its particulars, that the articles have been furnished or services rendered as stated therein; that no us has been given or received by any person or persons within the knowledge of this claimant in nection with the above claim; that the amount therein stated is justly due and owing; and that the unt charged is a reasonable one.

**Total Amount
Of Claim To
Be Paid**

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Signature Here: _____
 Official Position: _____
 Date: _____ 19 _____

FORM 1B



TUITION REIMBURSEMENT PROGRAM

As a member of the following Union _____

I _____ agree to continue employment
(print or type name)

with the County of Essex for two (2) years, in exchange for tuition reimbursement by the County of Essex. The two (2) year commitment period begins with the completion of the last course.

(date)

(signature of employee)

(date)

(department approval)

FORM 2



DEPARTMENT OF _____

TO:

FROM:

DATE:

RE: Request for Tuition Reimbursement

- Your request for reimbursement has been approved.
- Please sign and date the Commitment to Continue Employment with the County and return to this office.
- Please complete the enclosed expense voucher including your Social Security number and signature.
- Please submit proof of attendance at the conclusion of the course.
- Please submit copies of both sides of cancelled check or valid receipt of payment.

Please return this memo with the information requested. Thank you.