

APPENDIX C: REQUEST FOR EDUCATIONAL ASSISTANCE

TO: _____, Department Superintendent

FROM: _____, Employee

Date Submitted: _____

As an employee of Madison County for more than the specified period of one year, I wish to continue my education by enrolling in the following:

Name of School: _____

Title of Class: _____

Tuition Cost: _____ Est. Book Cost: _____

How can this class be applied to your current position or possible future assignment with the Madison County:

Signature of Employee

Approved
Not Approved

Signature of Department Administrator and Date

Approved
Not Approved

Signature of County Administrator and Date