



Town of Wrightsville Beach

Request for Education & Tuition Reimbursement

Employee Name:		Department:		
Name of Institution Attended:				
Type of Degree Pursuing:		Number of Hours Needed to Degree:		Start Date:
1st Course Title:	Hours	Total Cost	Grade	Completion Date
2nd Course Title:				
3rd Course Title:				

Certification of Authorization

I understand and agree that in exchange for reimbursement under this program, I am subject to the employment requirements under Section 7, Continuation of Employment, which can run concurrent with a multi-year degree completion program. I also understand that I may be required to repay the Town for all or a portion of reimbursement that I have received should my employment with the Town cease for any reason other than reduction-in-force or job elimination. By my signature below, I authorize payroll deduction to satisfy any repayment due and I agree to pay any outstanding amounts thereafter immediately. I further understand that the Town may employ all legal resources available to pursue collection of any unpaid portion of this debt.

Signature:	Date:

Approval Signature

Immediate Supervisor:	Date:
Department Head:	Date:
Human Resources Officer:	Date:
Finance Officer:	Date:
Town Manager:	Date: