

## Policy 2.6.10 Employee Fee Reimbursement EMPLOYEE FEE REIMBURSEMENT APPLICATION

Policy guidelines pertaining to Employee Fee Reimbursement are addressed in Policy 2.6.10, which is available at <a href="http://www.cotc.edu/depts/HR%20Policies/2.6.10.pdf">http://www.cotc.edu/depts/HR%20Policies/2.6.10.pdf</a>. All College and University fees are met initially by the employee at his/her own risk, with reimbursement subject to eligibility upon completion of the course(s). Course fees, lab fees, books and other incidental expenses are borne by the individual. The College will not assume any charges for reimbursement of fees unless an application has been properly executed and approved.

Please complete the application, with signatures of appropriate persons prior to the term of enrollment and

Last Name		First Name		MI
COTC ID#	Hire Date	Department		
Application for Fee Reir	nbursement for: ☐ Autumn ☐ Winter	☐ Spring ☐ Summer	Year:	
Institution and Campus	of Enrollment: ☐ COTC ☐ Ohio Sta	ate Campus:	□ Other:	ust be regionally accredited
School Schedule:   G	nuarters   Semesters   Trimesters	Dates of Session:		<u> </u>
What degree/certificate/	course-of-study are you pursuing?			
For what purpose?_				
Courses:				
Course #	Course Title	Credit Hours	Days Scheduled	Time Scheduled
Authorization: I have read and und	erstand the conditions of the Fee	Reimbursement Progr	ram.	
Employee Signature			 Date	
p.o/oo o.ga.a.o			2 4.0	
Other signatures:				
Supervisor			Date	
		ludio a VOs	Date	
D'accident Management (accident		luding VPs)	Date	
Director/Manager (person	reporting to a vice president or president, exc			
Director/Manager (person  Executive Leadership (vice			Date	
	e president or president)	d Reason:	Date	