



MARC REQUEST for PREAPPROVAL of CONTINUING EDUCATION REIMBURSEMENT

Name of Employee \_\_\_\_\_ Date \_\_\_\_\_
Position \_\_\_\_\_ Program \_\_\_\_\_

COURSE INFORMATION: Must be submitted before starting course work

Course Title\* \_\_\_\_\_ Location/Online \_\_\_\_\_
Class Schedule \_\_\_\_\_ Time of Day \_\_\_\_\_

Please describe any effect the course will have on work schedule: \_\_\_\_\_

Please describe how course will pertain to work responsibilities: \_\_\_\_\_

COST ESTIMATE and MAXIMUM REIMBURSEMENT CALCULATION

Tuition \_\_\_\_\_ + Books/Materials \_\_\_\_\_ = \_\_\_\_\_ X 50% = \_\_\_\_\_

Approval to proceed with expectation of reimbursement per MARC policies: \_\_\_\_\_
Program Director

REQUEST for REIMBURSEMENT UPON COMPLETION of PREAPPROVED CONTINUING EDUCATION

Date course completed \_\_\_\_\_ Grade \_\_\_\_\_
(Must attach documentation of grades, minimum C undergraduate, B graduate)

Actual Reimbursement Information\*\*(Receipts must be attached)

Tuition \_\_\_\_\_ + Books/Materials \_\_\_\_\_ = \_\_\_\_\_ X 50% = \_\_\_\_\_

Approval to proceed with completion of AP Voucher to secure reimbursement (Reimbursement will be denied or recovered by MARC if the employee does not continue employment with MARC at least three months after completing the course)

Program Director Signature & Date

- \* Attach course description
\*\* Attach receipts

The Program Director retains this form until completed. Complete and attach this form to an AP voucher to secure reimbursement. Reimbursement is subject to MARC policies.