



ESSEX COUNTY COLLEGE

TUITION REIMBURSEMENT APPLICATION AND AGREEMENT

Name: _____ ID No.: _____ Phone Extension: _____

Job Title: _____ Department: _____

Check one: Administrative Faculty Professional Support Staff Police Security

Check one: Confidential Non-Confidential

EMPLOYEE AGREEMENT/ CERTIFICATION AND APPROVAL

I certify that I have been enrolled in the course(s) requested for reimbursement. I have submitted to the Human Resources Department an official transcript or grade report indicating that the course(s) or program has/have been successfully completed. I hereby acknowledge and understand that the College will issue this reimbursement in my paycheck as a lump sum tax free amount. I further understand and agree that if I resign from the College within two (2) years from the date of completing courses for which the College made tuition reimbursement payments, I shall repay the College said reimbursement payments.

Employee Signature

Date