

MILWAUKEE COUNTY EDUCATIONAL ASSISTANCE PROGRAM

PRE-APPROVAL FORM

Employee information:

Name:

Department:

Clock Number:

Manager Name:

Course Information:

Semester or Quarter	Term and Year	Course Title /Description	Start Date	End Date	Amount Requested

Manager Approval:

I certify that to the best of my knowledge the employee above is meeting performance expectations for his/her position with Milwaukee County and there have been no corrective actions taken in relation to this employee during the past 12 month period. By approving this application, you agree to notify Human Resources immediately if this employee resigns or otherwise terminates employment with Milwaukee County.

Manager Name:

Phone number:

Signature:

Date:

Employee Certification:

- I have read the Educational Assistance Program policy, including the eligible courses, successful completion of courses, employee responsibility, and tax sections.
- I understand that I must submit the required proof of payment to receive reimbursement. Proof of successful course completion must be submitted within 6 weeks of the end date for the course. I also understand that I am required to continue employment with Milwaukee County for a period of not less than 12 months following receipt of tuition reimbursement.
- If I voluntarily terminate my employment with Milwaukee County prior to completing this service, or fail to successfully complete the course I am required to repay the funds. I hereby authorize Milwaukee County to deduct the amount owed from my paycheck.

Signature:

Date:

Submit this completed document to the Milwaukee County Employee Benefits Division, 901 N. 9th St, Courthouse Rm 210, Milwaukee, WI 53233, or submit via e-mail to benefits@milwaukeecountywi.gov. You will receive notice of approval or denial within 10 business days.