



**CITY OF MARTINSVILLE
EDUCATION INCENTIVE REQUEST - PREPARE ONE FORM PER COURSE**

NAME: _____ DATE SUBMITTED: _____

TITLE: _____ DEPARTMENT: _____

COURSE NAME _____ COURSE # _____ CREDIT HOURS _____

START DATE _____ END DATE _____ SCHOOL NAME/CAMPUS _____

ESTIMATED TUITION _____ BOOK COST _____ TOTAL _____ BALANCE IN ACCOUNT _____

I AM WORKING TOWARD: _____ CERTIFICATE _____ DEGREE _____ CREDIT ONLY

NAME OF THE CERTIFICATE/DEGREE _____

_____ UNDERGRADUATE COURSEWORK

_____ GRADUATE COURSEWORK

How does this course relate to your assigned duties? _____

_____(Check if appropriate) I need to discuss the possibility of altering my work schedule because the course is offered only during my normal work hours.

I have read and will comply with the provisions of the Education Incentive Procedures. I agree to repay tuition costs incurred by the City under this program if I leave City employment within twelve (12) months after completion of the above course(s). Payments made under the Education Incentive Program are subject to IRS guidelines. I certify that I will not receive funds from any other source for this course.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

APPROVALS

Request for Education Incentive is Recommended/Not Recommended (circle one) for approval.

Comments or Conditions of Recommendation: _____

DEPARTMENT DIRECTOR'S SIGNATURE _____ **DATE** _____

This request for Education Incentive Complies/Does Not Comply (circle one) with PA-10 and the Employee Manual.

Comments: _____

HUMAN RESOURCE MGR'S SIGNATURE _____ **DATE** _____

APPROVED/DISAPPROVED (circle one)

Comments: _____

CITY MANAGER'S SIGNATURE _____ **DATE** _____