

# WORKFORCE TUITION REIMBURSEMENT PROGRAM

## Step 2: Post-Hire Information



EMPLOYER INFORMATION			FOR INTERNAL USE ONLY
Business Name:			Date App Received:
Owner Name:			Date Approved:
Physical Address:			Funding Amount Approved: \$
Mailing Address:			Notification of Funding:
City:	State:	Zip:	Business Incentive Agreement Completed:
Work Phone:	Cell Phone:		
Email:			
Final Funding Request: \$			
<input type="checkbox"/> One-Time Payment <input type="checkbox"/> Three Equal Annual Installments			

EMPLOYEE INFORMATION		
Name:		
Position:		
Hire Date:		
Mailing Address:		
City:	State:	Zip:
Email:		

WORKFORCE TUITION REIMBURSEMENT PROGRAM CHECKLIST OF REQUIREMENTS	
<input type="checkbox"/> Workforce Tuition Reimbursement Program Application	<input type="checkbox"/> Proof of Bowman County Residency Attached
<input type="checkbox"/> Proof of Degree, License, or Certificate Attached	
<p>I hereby declare that all the above provided information is correct and accurate to the best of my knowledge. I agree to the above terms and conditions. I certify that I have debt incurred from education, licensing, or certification expenses that qualify me to perform the job duties required of this position.</p>	

Employee Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Application is to be filled out in its entirety. All request information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section. All proof of expenditures must be submitted prior to reimbursement.**

Teran Doerr, Executive Director: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_