

WORKFORCE TUITION REIMBURSEMENT PROGRAM

Step 2: Post-Hire Information



EMPLOYER INFORMATION			
Business Name:			FOR INTERNAL USE ONLY
Owner Name:			Date App Received:
Physical Address:			Date Approved:
Mailing Address:			Funding Amount Approved: \$
City:	State:	Zip:	Notification of Funding:
Work Phone:	Cell Phone:		Business Incentive Agreement Completed:
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 Debt Incurred	
<input type="checkbox"/> Proof of Degree, License, or Certificate Attached		<input type="checkbox"/> Proof of Bowman County Residency Attached	
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.			

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: _____