

**APPLICATION FOR TUITION
REIMBURSEMENT**

JD-ES-58 Rev. 6-15

STATE OF CONNECTICUT
JUDICIAL BRANCH
www.jud.ct.gov



NAME AND HOME ADDRESS OF APPLICANT
(Print clearly for return mailing)

To:

Instructions To Applicant

1. See Tuition Reimbursement Policy 402 in the Administrative Policies and Procedures Manual.
2. Complete this form and submit to the authorized division director. One copy will be returned to you when you are notified of approval or denial of your application.

JOB TITLE		DIVISION		HOW LONG HAVE YOU BEEN A FULL-TIME JUDICIAL BRANCH EMPLOYEE?				
BARGAINING UNIT <input type="checkbox"/> AFSCME <input type="checkbox"/> AFT <input type="checkbox"/> Excluded		OFFICE ADDRESS						
NAME OF SCHOOL	COURSE TITLE	COURSE NUMBER	NO. OF CREDITS	COST PER CREDIT	TOTAL COST	COURSE LEVEL UNDER GRAD GRAD		DATE COURSE BEGINS
1.								
2.								

BRIEFLY DESCRIBE YOUR OBJECTIVE IN TAKING EACH COURSE AND HOW IT IS JOB RELATED AS DEFINED IN POLICY 402 (If the institution is not located in Connecticut an additional explanation must be included)

1. I PLAN TO ATTEND THE ABOVE COURSE(S) AND REQUEST TUITION REIMBURSEMENT.
2. I ☐ AM ☐ AM NOT APPLYING FOR REIMBURSEMENT UNDER ANY OTHER FEDERAL, STATE, OR PRIVATE PROGRAM.

APPLICANT'S SIGNATURE	DATE SIGNED
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DIVISION DIRECTOR'S USE ONLY

DATE RECEIVED FROM EMPLOYEE	Based on my review of this application and verification that it is job related as defined in Policy 402, approval is:	<input type="checkbox"/> RECOMMENDED
		<input type="checkbox"/> NOT RECOMMENDED (Explain below)

EXPLAIN HERE IF APPROVAL IS NOT RECOMMENDED

DIVISION DIRECTOR'S SIGNATURE	PRINT OR TYPE NAME AT LEFT
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Forward to Fiscal Administration Unit, 90 Washington Street, Hartford 06106

FISCAL ADMINISTRATION USE ONLY		TO BE COMPLETED BY APPLICANT UPON COMPLETION OF THE COURSE (Forward to Fiscal Administration with the necessary documentation)	
DATE RECEIVED	SIGNED	1. FINAL GRADE(S) (Attach transcript - 3 copies)	COURSE 1 COURSE 2
▼ Complete below upon receipt of transcript(s) and payment receipt(s) ▼		2. TOTAL COST (Attach school receipt of payment - 3 copies)	\$
TYPE OF PAYMENT	AMOUNT TO BE PAID	3. HAS ANY OTHER REIMBURSEMENT FOR THE COURSE(S) BEEN MADE OR SOUGHT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FUND CHARGED	DATE TO ACCOUNTING	IF YES, EXPLAIN HERE AND SHOW AMOUNT AT RIGHT	\$
SIGNED (Fiscal Administration)		APPLICANT'S SIGNATURE	