

EXHIBIT 1

COUNTY COMMISSIONERS OF CAROLINE COUNTY, MARYLAND
TUITION REIMBURSEMENT APPLICATION FORM

Employee Name: _____ Work telephone:(____)_____

Department: _____

Job Title: _____

COURSES FOR WHICH REIMBURSEMENT IS REQUESTED

Course Title	Course Number	Credit Hours	Comments

Semester in which above courses will be taken _____

College or University: _____

List degree program or if none, your interest in taking course(s).

Employee Signature: _____ Date _____

Department Head
Signature: _____ Date _____

County Administrator
Signature: _____ Date _____

EXHIBIT 2

COUNTY COMMISSIONERS OF CAROLINE COUNTY, MARYLAND
TUITION REIMBURSEMENT GRADE REPORT FORM

Complete the following upon receipt of course grades, and attach a copy of final grade, transcript or other official grade indicator.

Semester: _____

Course Title	Grade

Employee Signature _____ Date _____