

**West Virginia Department of Transportation
EDUCATIONAL EXPENSE REIMBURSEMENT APPLICATION**

A letter of justification from new applicants and documentation supporting the amount of the request must accompany this form.

Employee Name		WVFIMS#			
Organizational Name	Org. No.	DOT Job Classification		Working Title	
Work Address				Work Phone	
Present Duties (Attach additional pages if necessary)			Date Full-Time Status Achieved:		
Accredited School/Institution (Name and Address)				Check Only One Per Application Fall Semester Spring Semester Summer Semester	
Title(s) & Credit Hour Per Class (Limited to 6hrs Max)	Course #'s	Credit Hours	Date(s) of Attendance	Classes	Degree Program (BS, BA, MS Etc)
Class 1.			to	GED	
Class 2.				Exam Review	
Class 3.				PE	
				EIT	
				CPA	
				Other	

Cost of Tuition and Registration Fees	Other Fees (Explain-Attach Additional Pages if Necessary)	Total Amount Requested
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- | | | |
|---|-----|----|
| A. Have you applied for financial aid from any other sources? | Yes | No |
| B. Have you been approved for and/or received the requested financial aid? | Yes | No |
| C. Have you been approved for and/or received financial aid from any other sources? | Yes | No |
| D. If yes to A, B, or C, describe in detail the source and amount (attach additional pages if necessary): | Yes | No |

Employee Signature: _____ Date: _____

Supervisor's Recommendation:	Approve	Disapprove	Reason(s):
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Supervisor's Signature: _____ Title _____ Date: _____

Selection Committee Decision:	Approve	Disapprove	Reason(s):
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Selection Committee

Chairperson's Signature: _____ Title _____ Date: _____

Secretary of Transportation's Signature: _____ Date: _____