

**Maryland Judiciary**  
**Tuition Reimbursement Request Form**  
**(For Educational Assistance Reimbursement)**  
**(PRINT OR TYPE)**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor's Name & Phone #: \_\_\_\_\_

**Agency/Court Location: (Please check and note location where employed)**

AOC     JIS     COA     COSA     CRA     DCHQ

District Court \_\_\_\_\_ County/City    **Also check if Commissioner**

Circuit Court: \_\_\_\_\_ County/City

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 Undergraduate Course \_\_\_\_\_ Graduate Course \_\_\_\_\_ Non-Credit Course \_\_\_\_\_

Course Number(s)	Corresponding Title(s)	Completion Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Expenditures:** (must submit itemized account from school and show a paid balance for classes for which you are requesting reimbursement.)\***Must include - original bills, copy of grade or transcript and copy of Approved Educational Assistance form. Incomplete requests will be returned.**

\$ \_\_\_\_\_ TOTAL REQUESTED (Up to allowable amount)

<b>PCA</b>	<b>Object</b>
<b>60081</b>	<b>832</b>

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 I certify that the information provided in this Tuition Reimbursement request is correct. I agree to the twelve-month service requirement included in the Policy on Educational Assistance. Should I fail to meet the service requirement, I agree to immediately refund to the State of Maryland Judiciary any reimbursements received for outside training.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_  
 Professional Development/Educational Assistance Manager

**Grades for Undergraduate courses must be a C or better. Grades for Graduate courses must be a B or better for approval. A Certificate or Pass/Fail grade is accepted for non-credit course(s).**

**Mail this form to:**  
**Maryland Judiciary Education and Conference Center**  
**Education Division -Professional Development Unit**  
**2011-D Commerce Park Drive**  
**Annapolis, MD 21401**

## **Instructions for Submitting a Request for Tuition Reimbursement**

An original Maryland Judiciary Tuition Reimbursement Request Form (for Educational Assistance Reimbursement) **must be submitted within 30 days of completion of course.**

**The entire form must be completed in its entirety.**

**The following documents must be attached to your request for reimbursement:**

1. Original approved Application for Educational Assistance
2. Original bill(s) or an on-line printout from educational institution showing detailed expenses and show a zero balance.
3. Grade(s) for course(s).
4. Completed Tuition Reimbursement Worksheet

**Should you have any questions, or require further clarification, please contact the Professional Development Unit at 410-260-3601.**