



# Educational Assistance Request Form

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Collective Bargaining Unit (If Applicable):  AFSCME  MAPE/MTPEA  
 MAFF/MTFFFA  MAFF (POC)

Name of Educational Program: \_\_\_\_\_

Certification to be Received: \_\_\_\_\_

Certification Related to Employee's Job:  Yes  NO

Brief Explanation: \_\_\_\_\_

Requesting Attendance: From \_\_\_\_\_ To \_\_\_\_\_  
(Month, Date, Year) (Month, Date, Year)

Should my attendance be approved by the Macomb Township Board of Trustees, I understand that:

- The Employee shall be responsible for providing the Employer with the current status of his/her certifications along with any other documentation required to substantiate the need for additional training or Educational Assistance.
- A copy of the appropriate certificate must be issued for reimbursement of any expense.
- Additional reimbursement for meals, lodging, and mileage, if required and approved by the Board of Trustees, will be made in accordance with the Township's Travel Expense Policy.
- Under certain circumstances, the Township Supervisor may approve an educational request, e.g., emergency, inadequate time to obtain Board approval, etc.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Township Supervisor Signature

\_\_\_\_\_  
Date

***For Department Use:***

\_\_\_\_\_ Meets Educational requirements      \_\_\_\_\_ Does not meet Educational requirements

Board Meeting Date: \_\_\_\_\_ Request Denied      \_\_\_\_\_ Request Approved

Date of Employee Notification: \_\_\_\_\_

***\*Include a copy of this form with your Travel Reimbursement Request when submitted to the Finance Section for any reimbursement.***