



COOK COUNTY BUREAU OF HUMAN RESOURCES

COURSE APPROVAL FORM

Instructions: Forward completed Form to Bureau of Human Resources (BHR), Room 834, County Building, 118 N. Clark Street, Chicago IL, 60602

Employee Information					
Union Affiliation and Local number:	Employee Name (First & Last Name)		<input type="checkbox"/> Part Time employee <input type="checkbox"/> Full Time employee		
Department Name and Address:	Job Title and Employee ID#		Work phone or contact number:		
Reason for Request					
<p>I hereby apply for approval of the course(s) indicated below and subsequent tuition reimbursement under the provisions of the Cook County Reimbursement Plan. I have read and understand the policy and instructions and agree to comply therewith. I understand that any attempt on my part to falsify information will result in forfeiture of Cook County training benefits and/or disciplinary action. <u>I understand that Tuition Reimbursement is always subject to the availability of Funds.</u></p> <p>Employee Signature: _____ Date: _____</p>					
Accredited Institution Information					
Name of Institution/School:			Street Address/City/State/Zip Code:		
Institution/School Phone #	Job Title		Work Address:		
Name of course/s	Course #	From (date)	To (date)	Credit Hours	Tuition Cost
Please state the reason(s) for taking the course(s):					
Approval Signature – Department or HHS					
<p>I approve the above listed course/program as a job-related subject that should qualify for Tuition Reimbursement.</p> <p>Employee's Department Head or Designee: _____ Date: _____ (Printed Name and Signature)</p>					
Approval Signature -Bureau of Human Resources (BHR)					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
<p>BHR CHRO or Designee: _____ Date: _____ (Printed Name and Signature)</p>					