



Region of Waterloo

Application for Regional Sponsorship Of an Educational Course

(See HR Policy II-5, Tuition Refund)

Employee Name: _____ Employee #: _____

Employment Position: _____

Department: _____ Division: _____

Work Location: _____ Phone #: _____

Are you on contract? Yes No, If yes, what is the length of your contract? _____

Course Title: _____

Institution offering course: _____

Start Date: ____/____/____ Completion Date: ____/____/____
Day/Month/Year Day/Month/Year

Description of Course: _____

Reason for taking course: _____

Please indicate whether this course is: Job Related Career Related

How does this course relate to current job related duties or career plan within the Corporation?

Cost of course: \$ _____ Government approved subsidized course: Yes No

If yes, please give details: _____

Would you require time off? Yes No If yes, please give details: _____

How is successful course completion determined? _____

Is this a correspondence course? Yes No

Any other information applicant wishes to give? _____

I have read and agree to the payment conditions noted on the reverse of this form. I also agree to reimburse the Region on a pro-rated basis for any Tuition Refund received, should my employment with the Region terminate within 2 years of completing this course. I understand that, in such circumstances, the repayable portion will be equal to the percentage of the two years that I am not in the Region's employment.

Signature of Applicant: _____ Date: ____/____/____
Day/Month/Year

