



Print Form

GOODHUE COUNTY

APPLICATION FOR TUITION REIMBURSEMENT

(completed by employee)

This application must be filed with your Department Head prior to the start of the class.

Name | Jodi Skeen

Address | [REDACTED]

City | [REDACTED] State | [REDACTED] Zip Code | [REDACTED]

Department | Family Health

Job Title | RN Course Title | N375 Research and Evidence Base Pr

School | Winona State University Course begins | 1/10/22 ends | 5/5/22

Tuition Cost \$ | 988.26

Explain nature or content of course:

Explores research concepts and their use in EBP. Students will analyze, critique, and interpret research evidence, and collaborate in improvement processes for healthcare settings.

This application is submitted for approval of tuition reimbursement for the above in accordance with the provisions and conditions of the Tuition Reimbursement Policy. My enrollment in this course is voluntary and I understand that my time spent taking the course will not be considered as time worked for Goodhue County. I understand the required vesting period as stated in the Tuition Reimbursement Policy and elect to reimburse the County if the vesting period requirement is not met.

Employee Signature: *J. Skeen*

DEPARTMENT HEAD/SUPERVISOR APPROVAL

I believe this course Will Will not benefit this employee in his/her present capacity.

Department Head Signature: _____ Date | 12/27/2021

J. Skeen NOTICE OF COMPLETION AND APPLICATION FOR REFUND

The employee named on this application has satisfactorily completed the course described in this application. The completed records of completion and the receipt of payment are attached.

Please refund employee \$ _____ in accordance with the provisions of the Tuition Reimbursement Program.

Department of Human Resources Signature: _____ Date | _____