Workforce Tuition Reimbursement Program

Step 2: Post Hire Information

Dunn County Job Development Authority
Bridging People and Opportunities

Employer Information		
Primary Contact Name:		
Organization Name:		
Phone:		
Email:		
Final Funding Request: $		
Employee Information		
Name:		
Position:		
Start Date:		
Mailing Address:		
City:	State:	Zip:
Email:		

Employee Reimbursement Checklist of Requirements	
☐ Workforce Tuition Reimbrusement Program - Step 2	☐ Proof of Dunn County Residency
☐ Proof of Degree, License, or Certificate Attached	☐ Proof of Debt Incurred

I hereby declare that all the above provided information is correct and accurate to the best of my knowledge. I agree to the above terms and conditions. I certify that I have debt incurred from education, licensing, or certification expenses that qualify me to perform the job duties required of this position.

Employee Signature:	Printed Name:
Title:	Date:
Employer Signature:	Printed Name:
Title:	Date:

Application is to be filled out in its entirety. All requested information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section. All receipts must be submitted prior to reimbursement.

Carie Boster, Executive Director:

Approved on: