

CENTRAL FLORIDA PEDIATRICS
REQUEST FOR EDUCATIONAL ASSISTANCE

Employee: _____ D.O.H. _____

I hereby request educational reimbursement be considered for the following:

Description of course(s):

Course start date: _____ Expected date of completion: _____

Fees/expenses estimated: _____

I have reviewed the Educational Assistance policy and the Educational Assistance agreement. I have discussed my educational goals with my supervisor and together we have determined the above noted course(s) will be beneficial to my growth and development within the practice.

Employee

Date

Supervisor

- Educational Assistance Agreement signed & attached

- Approved

- Denied _____

- Additional notes: _____

