

* Agency:

* Agency Participated?

Yes No

* Submitted by:

* Date completed:

* Email address:

* Phone:

* Number of employees participating in the program:

* Amount reimbursed: (Values only, no \$ or ',s e.g. 23.50) .

* Number of employees granted Educational Leave:

* Number of employees taking courses at agency's request:

* Number of employees granted extended Educational Leave:

* Number of employees taking audited courses:

* Number of employees taking courses for purpose mandated/required certification:

* Total budgeted Academic Assistance funds for your agency in FY2008-2009:

* Total budgeted Academic Assistance funds for your agency in FY2009-2010:

* Indicates Response Required