

**TUITION REIMBURSEMENT APPLICATION – FORM 4575**

Maryland Department of Health & Mental Hygiene  
 Training Services Division | <http://dhmh.state.md.us/tsd/>

**Employee Information:**

_____	_____	_____
Last Name	First Name	SSN
_____	_____	_____ % Percent Employed
DHMH Facility/Adm. (i.e. Western MD Center)	Work Phone	_____
_____	_____	_____
Job Classification/Salary Grade	Date Entered State Service	County

**Type of Training Request (check one):**      Nursing Reimbursement      General Reimbursement      Short-term Training  
**Justification for Training:** \_\_\_\_\_

Course Title	No. of Credits	Amt. Requested	Summer/Fall	Winter/Spring	Online Yes/No	Start Date	End Date
1.							
2.							
3.							
4.							

**Work Study (# of hours requested):** \_\_\_\_\_ **University/College/Provider:** \_\_\_\_\_

**Signatures:**

_____	_____	_____
Applicant Signature/Date	Appointing Authority or Supervisor/Date	Registration Coordinator/Date

**TSD Approval: TSD USE ONLY**

Approved:     Yes     No

\_\_\_\_\_   
 DHMH Secretary Designee Signature/Date

Course Title/Credits	Amount Approved
1.	
2.	
3.	
4.	