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Exhibit X

EDUCATIONAL ASSISTANCE PROGRAM REQUEST

Name of Employee: _____ Date: _____

1. Purpose of the Educational Classes:

2. Explanation of how the educational classes benefit the City:

3. Description of what institution will provide the educational classes:

4. Cost of the Educational Classes: \$ _____

Employee Signature

Date

Department Head Signature

Date

City Administrator/Manager Signature

Date

City Council Approval

Date