



Milwaukee County

Department of Human Resources
Educational Bonus Eligibility Form

DHR USE ONLY

MEETS CRITERIA
DOES NOT MEET CRITERIA
AMOUNT \$
DATE:
BY:

Name: Date of Birth:

Address:

Phone:

Last four of Social Security Number: XXX-XX- (If Required by Educational Institution)

- It is the employees' responsibility to submit a completed form to Human Resources.
Human Resources is unable to process payment until a completed form (including official seal) is received.

THE FOLLOWING TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

After reviewing the transcripts of the above applicant, I hereby certify that the applicant has earned the below listed credits towards an Associate and/or Baccalaureate Degree in

Credits earned before January 1st of the current year:

Credits earned or applied during current year:

Total Credits earned or applied as of (Current Date):

Bachelor's Degree Conferred on (Date):

Associate's Degree Conferred on (Date):

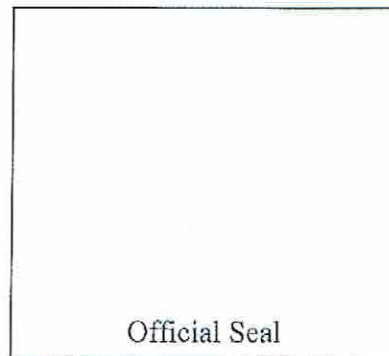
This Institution and program is accredited by the

(Printed Name)

(Signature)

(Title)

(Date)



Official Seal

Submit form to: Milwaukee County Department of Human Resources
Attn: Compensation/HRIS
901 North 9th Street, Courthouse Room 210
Milwaukee, WI 53233
Phone: (414) 278-4154