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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

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\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Administrator/Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Council Approval

\_\_\_\_\_  
Date