

**Escambia County Board of County Commissioners
TUITION REIMBURSEMENT APPLICATION**

INSTRUCTIONS: To ensure course meets the Tuition Reimbursement guidelines please refer to the Tuition Reimbursement Policy at www.myescambia.com/policies. This application shall be completed and approved **BEFORE** the course begins. A copy of the course description must be attached to this Application before it is submitted to the Department for approval. The Supervisor and/or Director shall discuss with the employee if the course meets the requirements of the Tuition Reimbursement Policy. The Human Resources Department will approve or disapprove and notify the Employee in writing of the Application status.

SECTION 1: Employee			
Employee Name		Job Classification	
Home Address			
Department		Division:	
Date began regular, full-time County employment		Date began current job	

Name of Educational Institution	
Course of Study Pursued	
Degree Being Pursued	
Date Course to Begin:	Date Course to be Completed:

COURSE TITLE	COSTS REQUESTED (tuition and fees)

REIMBURSEMENT OBLIGATION

In consideration of the County providing Employee with advance payment for Program related tuition costs and eligible fees, I do hereby agree that in the event I shall fail to successfully complete said training or coursework with a passing grade of "C" or higher for undergraduate courses or "B" or higher for graduate courses, I will reimburse the County for all amounts expended by County for related tuition and other eligible fees during the Program period.

Complete payment of this Reimbursement Obligation, is immediately due and payable at the time of my failure to successfully complete said training or coursework as stated above. I acknowledge and agree, to the extent permitted by state and federal law, any Reimbursement Obligation due and owing by me at the time of my resignation or termination from employment may be withheld from any monies Employee is owed by the County.

The Employee acknowledges that the County may institute a civil action to collect any Reimbursement Obligation due and owing by Employee if said amount is not timely reimbursed as provided herein. Further, to the extent permitted by law, the Employee agrees to be liable for any legal fees, courts costs, attorneys' fees or other costs of collection, including legal interest, incurred by County in an effort to collect any delinquent Reimbursement Obligation due and owing by Employee.

_____ I have requested financial assistance from the BCC to pay for course(s) listed above. I understand that it is my responsibility to complete the enrollment requirements of the educational institution for advance payment in a timely manner and that I must complete and comply with this Reimbursement Obligation.

___ I have paid for the course(s) listed above and will submit verification of payment and grade for reimbursement. I further acknowledge that I must be actively employed by the County at the time I seek reimbursement for the above listed course.

_____ Signature

_____ Date

ALL APPROVALS MUST BE OBTAINED PRIOR TO START OF COURSE

Department Approvals

_____ This course meets the requirements of the Tuition Reimbursement Policy and will benefit the County. Please describe how this course will benefit the County.

_____ This course does not meet the requirements of the Tuition Reimbursement Policy and will not benefit the County. Please describe how this course will not benefit the County.

Supervisor Signature

Date

Department Director Signature

Date

SECTION 3: HUMAN RESOURCES

ADVANCE PAYMENT:

I concur that the employee has been approved to receive advance payment for the course(s) listed in Section 1 of this Application. Employee has acknowledged agreement to the terms and conditions of receiving this payment. Employee will receive payment by direct deposit from the Clerk of the Circuit Court, Accounts Payable.

\$ _____
Amount of Advance Payment

150103
Cost Center

55501
Object Code

Signature

Date

GRADE VERIFICATION and REIMBURSEMENT

A copy of the official grade and documentation of the costs for which employee is requesting reimbursement is attached. The employee has successfully completed the course(s) and has met the requirements for reimbursement in the amount of \$ _____.

150103
COST CODE

55501
OBJECT CODE

PROCESSED BY

DATE

HUMAN RESOURCES DIRECTOR or COUNTY ADMINISTRATOR

DATE