



APPLICATION FOR TUITION REFUND

Name (Print) _____ SS # _____

Job Title _____ Department _____

Work Location _____ Office Phone _____

I request approval to enroll in:

Course _____

Institution _____

Beginning on ____ / ____ / ____ and ending on ____ / ____ / ____

Tuition cost for this course is \$ _____

I am taking the course (check one):

_____ Toward a degree in _____ which relates to a career in the County organization.
(Circle One) - Undergraduate or Graduate

_____ To enhance my skills for my present position.

_____ For career re-direction or advancement.

Proof of registration and tuition payment will be required before reimbursement can be approved. Attach now, if available.

I have read, understand and agree to comply with the provisions of PPM #CW-P-008 relating to the Employee Tuition Refund Program. If I receive tuition reimbursement *up to \$850* per fiscal year, I will remain a County employee for at least *one year* following satisfactory completion of the course work; if I receive *\$850 or more* per fiscal year, I will remain a County employee for at least *two years* following satisfactory completion of the course work.

If I fail to remain a County employee for the appropriate period of time (unless my employment ends due to a reduction on force or layoff) or if I receive any refund to which I am not entitled, *I agree to reimburse the County* for all tuition refunds received during said time period.

I also authorize the County to recoup the funds paid me *through deduction from my paycheck(s)* and/or through such other collection means as the County elects.

EMPLOYEE'S SIGNATURE _____ DATE SIGNED ____ / ____ / ____

APPROVALS:

DEPARTMENT HEAD _____ DATE SIGNED ____ / ____ / ____

DIR., HUMAN RESOURCES _____ DATE SIGNED ____ / ____ / ____

OR DESIGNEE(S)

FOR HUMAN RESOURCES USE ONLY

Grade Attained _____

Eligible for \$ _____

Acct. # _____

Approval: Director, Human Resources _____
Or Designee(s)