



Unified Government Human Resources Guide

Effective 6/8/07

EDUCATION REIMBURSEMENT REQUEST

I. EMPLOYEE SECTION: Note: This application will not be processed unless it is fully completed and all requested information is provided.

Name _____ Date of Hire _____ Employee ID# _____
 Work e-mail _____ Daytime Phone Number _____
 Department _____ Job Title _____
 Are you seeking a degree? Yes _____ No _____ Degree/Major Field _____
 Anticipated Graduation Date _____

Please fill in the boxes below for each course for which you are seeking reimbursement. You may attach a separate sheet as necessary.

Name of Academic Institution*	Course Number	Course Title	Units or Credits	Tuition Costs	Other Fees	Starting Date	Ending Date

Will you receive any educational benefits (grants, scholarships, veteran's benefits, etc.)? Yes _____ No _____

If "Yes", list the amount of such benefits _____

Are the courses listed above directly related to career development within your chosen field? Yes _____ No _____

If "Yes", please explain _____

If you answered "No" to the preceding question, are these courses related to a change to a career opportunity within the Unified Government? Yes _____ No _____

If "Yes", please explain _____

Are the courses listed above required for your college, technical, or vocational school credit or degree? Yes _____ No _____

How will these courses be beneficial to your future employment with the Unified Government? _____

Are any of these courses pass/fail? Yes _____ No _____ If "Yes", which courses? _____

Are any of these courses graduate level? Yes _____ No _____ If "Yes", which courses? _____

Are any of these courses on-line? Yes _____ No _____ If "Yes", which courses? _____

Employee Signature*

Date

*Applicant's signature on this form grants permission to the Education Reimbursement Review Committee to check transcripts for verification of courses, grades and dates. In addition, the Education Reimbursement Review Committee may contact the academic institution(s) for further course information.



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Applications are reviewed three times a year and are due according to the following schedule:

<u>Application Due:</u>	<u>For Course Ending:</u>
March 31	June 1 – July 31
May 30	August 1 – December 31
October 30	January 1 – May 31

If your request is denied, you may submit an appeal for reconsideration to the County Administrator within five (5) business days from the denial date listed on the request response from Education Reimbursement Review Committee. Please include any documentation that supports reconsideration of your reimbursement request.

If approved by the Education Reimbursement Review Committee, reimbursement will be limited to expenses incurred for tuition, book and lab fees and will only be reimbursed if a grade of "C" or higher is received in the course. Please notify the Human Resources Department if you drop any course.

I understand that subject to tax laws, this educational reimbursement may or may not be subject to withholding taxes and should be reported when applicable on my income tax forms.

I agree that if I take advantage of educational reimbursement, I will remain under Unified Government employment for a minimum of two years beyond completion of this course, and I understand that I will be required to reimburse the Unified Government for the total amount of reimbursement received should my employment terminate prior to the end of this period.* I give my consent for the Unified Government to deduct any monies owed for educational reimbursement from my final pay check. I further understand that this agreement is in no way a guarantee of employment for the two year period.

*(Employees subject to layoff beyond their control within the two year period are not required to reimburse the Unified Government for educational assistance.)

Employee Signature _____
Date

II. EDUCATION REIMBURSEMENT REVIEW COMMITTEE SECTION:

_____ Request is tentatively approved for \$_____ subject to the terms and conditions of the Education Reimbursement Program Human Resources Guide Policy No. 4.5.
_____ Additional information requested: _____
_____ Request denied due to the following _____

Committee Representative's Signature _____
Date

III. AUTHORIZATION FOR PAYMENT:

Please process payment in the amount of \$_____ to the above named individual.

Director of Human Resources _____
Date

Account Code(s) _____
(To be Completed by Accounting Department)