**Escambia County Board of County Commissioners**

**TUITION REIMBURSEMENT APPLICATION**

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| SECTION 1: Employee (please print) | | | | | | |
| Employee Name |  | | **Job Title** | |  | |
| Home Address |  | | | | | |
| Department |  | | **Division** | |  | |
| Date began regular, full-time County employment | |  | | **Date began current job** | |  |

|  |  |  |
| --- | --- | --- |
| **Name of Educational Institution** |  | |
| **Degree Being Pursued** |  | |
| **Date Course to Begin:** | | **Date Course to be Completed:** |

|  |  |  |
| --- | --- | --- |
| **COURSE TITLE** |  | **COSTS REQUESTED (tuition and fees)** |
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| **REIMBURSEMENT OBLIGATION**  **The total maximum reimbursement amount for undergraduate or graduate courses with be limited to $2,400.00 per fiscal year for each employee.**  **Upon completion of the course, employees must submit their official transcript or proof of completion, description of the course, and the receipt from the school verifying full payment of the course.**  **I acknowledge that the County may institute a civil action to collect any Reimbursement Obligation due and owing by me if said amount is not timely reimbursed as provided herein. Further, to the extent permitted by law, the I agree 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 further understand that if it is found that I knowingly falsified information provided on the Application that I will be held liable for all costs associated with the class(s) taken, be subject to disciplinary action, up to and including termination.**  **Reimbursement Request:** 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**

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| SECTION 2: 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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DIRECT REPORT SIGNATURE DEPARTMENT DIRECTOR SIGNATURE | | |
|  | | |
| 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 $ |  |  |

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| 150103 |  |  | 55501 |  | |  | |
| **Cost Center** |  |  | **Object Code** |  | **Processed By** |  | **Date** |
|  | | | | |  |  | |
| **Human Resources Director Or County Administrator** | | | | |  | **Date** | |