



## Payment Procedures – Tuition Reimbursement

### Tuition Reimbursement Procedures

#### **1. Satisfactory Completion**

The employee has successfully completed a course if the employee earned a grade of 'C' or better or a 'pass', for a course offered on a pass/fail basis.

Upon satisfactory completion of the course(s) for which tuition reimbursement was approved, or within four (4) weeks of the time the course(s) is/are completed, the tuition reimbursement process can be continued.

#### **2. Requesting Reimbursement**

Send the following forms and information to HR:

- a. Approved copy of **Payment Request for Tuition Reimbursement** form
- b. Completed **Employee Reimbursement Request** form, authorized by your Supervisor or Director
- c. **Official grade transcript** (of "C" or better, or "Pass" on a Pass/Fail course from the Educational Institution)
- d. **Detailed Paid Fee Statement** from the Educational Institution identifying the fees paid and the method of payment used to pay the fees (e.g. student loans, grants, scholarships, etc.)

#### **3. Payment**

Once Human Resources has signed the form authorizing the request, you'll receive that information and payroll will finalize the reimbursement processing. Be sure to allow at least six (6) to eight (8) weeks after the forms just mentioned, grade(s), and fee statement have been submitted to receive payment. The approved and authorized amount will be included in a regular, bi-weekly pay, however, is noted separately.

NOTE: As you sign this employee reimbursement request form, you are once again acknowledging that if you resign, retire or are separated for a reason other than job abolishment or layoff, you will repay the tuition reimbursement paid by the County for courses completed less than one (1) year prior to the date of separation.

#### **Further Information**

If you have questions or for further information about tuition reimbursement, contact Human Resources.



# Payment Application – Tuition Reimbursement

## Employee Information

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Degree (or Program/Certificate) Completed This Quarter: Y  N

## Course Information

Course # & Department	Course Name	# Credit Hours	Grade

Cost Per Credit: \$ \_\_\_\_\_ x Total Credits: \_\_\_\_\_ = Total Cost: \$ \_\_\_\_\_  
 I have received grants or scholarships: Yes  No  If Yes, what amount: \$ \_\_\_\_\_  
 Amount of Tuition Reimbursement Requested: \$ \_\_\_\_\_

## Disclaimer

- I understand tuition reimbursement **only** covers instructional fees and course- required text books. It does not cover transportation, lab fees, or any other expenses.
- I understand that tuition will initially be paid at my expense and that **I will be reimbursed if I complete the course with a C or better** (or “Pass” on a Pass/Fail course).
- I understand that I am not eligible if I am in an unpaid leave of absence, unauthorized leave of absence or on injury leave throughout the period for which tuition reimbursement has been approved.
- I understand that if I resign, retire, or am separated for a reason other than job abolishment or layoff, I must repay the tuition reimbursement paid by the FCAO for courses completed less than **one (1) year** prior to the date of separation.

I understand & accept this disclaimer: \_\_\_\_\_ . \_\_\_\_\_  
 Employee Signature Date

## Approval/Signatures

Approving this reimbursement, I agree that the employee meets all criteria listed in the disclaimer above.

Approve <input type="checkbox"/>	_____	Approve <input type="checkbox"/>	_____
Deny <input type="checkbox"/>	Supervisor Signature/Date	Deny <input type="checkbox"/>	Chief Financial Officer/Date
Approve <input type="checkbox"/>	_____	Approve <input type="checkbox"/>	_____
Deny <input type="checkbox"/>	Director Signature/Date	Deny <input type="checkbox"/>	Human Resources Director/Date
Approve <input type="checkbox"/>	_____	Approve <input type="checkbox"/>	_____
Deny <input type="checkbox"/>	DCOS Signature/Date	Deny <input type="checkbox"/>	Chief of Staff/Date

Amount of Tuition Reimbursement **Authorized**: \$ \_\_\_\_\_

**Denial Reason:** \_\_\_\_\_

- Documents to attach **with payment request**:
1. Employee Reimbursement Request Form
  2. Official Transcript of Grade(s)
  3. Detailed Paid Fee Statement from Educational Institution\*  
 \* should identify the fees paid and the method of payment used (e.g. student loans, grants, scholarships, etc)



**EMPLOYEE REIMBURSEMENT REQUEST**

Updated 10/2015

ALL PERTINENT DOCUMENTATION MUST BE ATTACHED SUCH AS AUTHORIZATION TO TRAVEL FORM, ITEMIZED RECEIPTS, DETAILED INVOICES, CONFERENCE BROCHURE, MAPQUEST OR GOOGLE MAP TO DOCUMENT MILEAGE, GSA PER DIEM RATES FOR DESTINATION CITY, OR GRADE REPORT FOR TUITION REIMBURSEMENT.

MUNIS Employee #: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
 Purchase Order #: \_\_\_\_\_  
 Destination: \_\_\_\_\_ Purpose: Employee Tuition Reimbursement  
 Travel Dates From: \_\_\_\_\_ To: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE AND AGENCY REVIEWER/APPROVER.**

		Completed by Employee	Completed by Authorized Personnel	
		Receipt Amounts OR Per Diem	Eligible for Reimbursement	Difference
				Reason for Difference/Explanation for Other Expense
<b>Registration Fee</b>		_____		
<b>Travel</b>				
	Airfare	_____		
	Mileage	_____		
	Baggage	_____		
	Ground Transportation	_____		
	Car Rental	_____		
	Gas for Rental Car	_____		
	Airport Parking	_____		
	<b>Total Travel</b>	\$0.00		
<b>Lodging (Rate x Nights)</b>		_____		
<b>Meals per Day</b>				
Date	Breakfast	_____		
	Lunch	_____		
	Dinner	_____		
	<b>Daily Total</b>	-		
Date	Breakfast	_____		
	Lunch	_____		
	Dinner	_____		
	<b>Daily Total</b>	-		
Date	Breakfast	_____		
	Lunch	_____		
	Dinner	_____		
	<b>Daily Total</b>	-		
Date	Breakfast	_____		
	Lunch	_____		
	Dinner	_____		
	<b>Daily Total</b>	-		
	<b>Meals Total</b>	\$0.00		
<b>Other Expenses (list individually &amp; explain purpose)</b>				
	☆ Tuition Reimbursement	_____		
	<b>Total Other Expenses</b>	-		
<b>Grand Total</b>		\$0.00	\$	

EMPLOYEE SIGNATURE\*

DATE

\*Your signature certifies that the expenses listed on this request were incurred and are claimed in accordance with your agency's reimbursement policies.

AUTHORIZED BY\*\*

DATE

\*\*Your signature certifies that you have reviewed the expenses listed on this request for reasonableness, proper public purpose, and compliance with your agency's reimbursement policies.