



EDUCATION ASSISTANCE

THREE FORMS INVOLVED WITH THE TUITION REIMBURSEMENT PROCESS

- **Approval Application**
- **Agreement for Reimbursement**
- **Reimbursement Application**

Requests for Tuition Reimbursement start with the employee completing and providing the following items to Human Resources:

- 1) Approval Application
- 2) Agreement for Reimbursement
- 3) Course syllabus or course description
- 4) Job Description

Items to Note: (See the County Policy and Procedures Manual for more details.)

- The course must relate directly to your current position.
- Class must be taken for credit at an accredited college or university.
- Full-Time employees are eligible once they have completed any required probation period.
- Your supervisor and department director are to review, approve and sign the forms.
- Requests for approval must be received in HR *no later than two weeks* from the course start date.

Human Resources will review the Tuition Reimbursement package. The HR Director and Payroll Manager will sign and approve, if the request meets the criteria for Tuition Reimbursement. If the request does not meet the criteria, you and your department director will be notified.

The approved Tuition Reimbursement package is returned to the employee to hold until the class has been completed.

The reimbursement process for an approved class is as follows:

- 1) Complete the Tuition Reimbursement Form
- 2) Attach the entire approval package that was returned to you
- 3) Attached receipts for tuition, books, lab fees, and registration fees.
(Receipts must include the cost of the item, and show the payment amount.)

NOTE: Reimbursement will be based upon the rate that state public universities and or colleges would charge a student with Florida resident status for a similar course.



Print Name & Date: _____

Lee County Employee

Classification: _____

Department: _____

Course Name: _____

AGREEMENT FOR REIMBURSEMENT OF EDUCATION ASSISTANCE

1. The undersigned acknowledges that Lee County has agreed to reimburse the employee for educational expenses in accordance with the provisions of Chapter 125 and Section 112.063, Florida Statutes.
2. In accordance with Lee County Policy 212, the undersigned agrees to reimburse to the county in full said educational expenses paid to the employee if the employee leaves the employ of the Lee County Board of County Commissioners voluntarily or is discharged from employment or voluntarily changes classification status to anything other than full-time employment in a Board-approved position within one (1) year from the date of reimbursement. Unless other arrangements are made prior to separation of employment with Lee County, repayment will be withheld from the employee's final payment for any accrued sick leave available for the buy-back program and available accrued vacation. If the required reimbursement exceeds the final pay of the employee, that employee shall agree to repay the county in full within thirty (30) days of separation of employment with Lee County. Employees voluntarily changing classification to anything other than full-time employment in a Board-approved position shall notify the Department of Human Resources and make necessary arrangements to repay the county for educational expenses within one week of the change in employment status.
3. Employees that are laid off or whose position is privatized or whose position status is changed from full-time, Board-approved employment operationally by the county will not be required to reimburse the county for these expenses.
4. Reimbursement will be at the public college rate.

By signing below, I certify that I have read and understood the policy pertaining to Education reimbursement.

Employee Signature & Date

STATE OF FLORIDA)
) §:
COUNTY OF LEE)

The foregoing instrument was acknowledged before me on _____ day of _____, 20
this _____

by _____ who [] is personally known to me or [] has
produced

_____ as identification and did (did not) take an oath.

Notary Seal:

Notary Public

(Print Name)

My Commission Expires

EDUCATION ASSISTANCE APPROVAL FORM

Please complete a new form for each course taken:

Name:	_____	Position:	_____
Social Security #:	_____	Position #:	_____
Status:	_____	Date/Regular Status:	_____
Department/Division:	_____	Work Phone:	_____
Course Title:	_____	Course Number:	_____
Credit Hours:	_____	Cost per Credit:	_____
Tuition Cost:	_____	Other Expenses:	_____
Total Reimbursement Request:	_____		
Institution:	_____	Course Begins/Ends	_____

I have read and understand the provisions of the County policy on Tuition Reimbursement (Policy 212) and agree to the terms and conditions of this document. I understand that I will be reimbursed only for courses directly related to my current job, and at the rate of the public colleges.

Employee Signature/Date:

This course is expected to enhance the *knowledge, skills, and abilities* of this employee's ability by:

That relates to the following official job duties of this employee:

Supervisor/Date:

Department Director/Date

Approval Number: _____

Human Resources Director/Date

Clerk of Court Designee/Date

EDUCATION ASSISTANCE REIMBURSEMENT FORM

Name: _____ Position Title: _____
 SSN: _____ Position #: _____
 Dept/Div: _____ Work Phone #: _____

Please complete a new form for each course taken:

Course Title: _____ Credit Hours: _____

Is your original "Approval Application" attached? YES NO
 Is your original/official grade report or transcript attached? YES NO
 Is your original tuition and lab fees bill or receipt attached? YES NO
 Is your original receipt for books attached? YES NO
 Is your signed copy of the Reimbursement Agreement attached? YES NO
 Did you receive or are you eligible to receive reimbursement from any other sources (e.g. Veteran's Administration, grants, scholarships)? YES NO
 If yes, how much? _____

Reimbursement Worksheet

(The County will only pay up to the maximum allowed per credit hour at a local public college/university)

Credit Hours _____
Tuition (Cost per Credit Hour) * _____
Total Tuition Allowed = _____
Total Fees Allowed + _____
Cost of Required Books + _____
Total Allowable Expenses = _____
Grade Achieved * _____
Less Other Reimbursements - _____
TOTAL REIMBURSEMENT = _____

Amount Allowed for Grade
 "A" = 100%
 "B" = 85%
 "C" = 70%
 "PASS" = 70%
 Below "C" or "FAIL" = 0%

I have read and understand the provisions of the county policy on Tuition Reimbursement (Policy212), and agree to the terms and conditions of this document. I have received approval for this course and have signed and agreed to provisions of the "Agreement for Reimbursement of Tuition Assistance".

Employee Signature/Date

Original Approval Number: _____

Human Resources Designee/Date

Clerk of Court Designee/Date

