

Print Name: _____

Lee County Employee

Classification: _____

Department: _____

AGREEMENT FOR REIMBURSEMENT OF EDUCATIONAL 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 this _____ day of _____, 20 _____
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

EDUCATIONAL ASSISTANCE APPROVAL APPLICATION

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 Educational 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

EDUCATIONAL ASSISTANCE – REQUEST FOR REIMBURSEMENT

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 and Fees (Cost per Credit Hour)	*		_____
Total Tuition and Fees Allowed	=		_____
Cost of Books	+		_____
Total Tuition & Books	=		_____
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 Educational 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 Education Assistance".

Original Approval
 Number: _____

 Employee Signature/Date

 Human Resources Designee/Date
Updated 03/05/2004

 Clerk of Court Designee/Date