## DELAWARE COUNTY TUITION ASSISTANCE APPLICATION



Effective August 2021

## **INSTRUCTIONS:**

**Before Course(s) Begin:** Complete Sections I, II and III below and provide signature and date at the bottom of Tuition Assistance Application. Obtain supervisor's statement of justification in Section IV and secure your supervisor's approval in Section V. Appointing Authorities other than the Board of Commissioners must sign Section V. The application must then be sent to Human Resources. Human Resources ensures the application meets policy standards and funds have been appropriately dedicated to process this reimbursement. Once the application is reviewed by all levels of authority, Human Resources returns a copy of the Tuition Assistance Application to the employee and supervisor.

\*\* A new application must be submitted for each semester Tuition Assistance is being requested \*\*

**After Completion Of Course(s):** Submit necessary documents in legible form to Human Resources, including itemized tuition and fee statement indicating a zero balance, itemized book purchase receipt and grade report. All documents must be provided for reimbursement.

Section I	<b>Employee Information</b>			
Name (Last, First, N	fiddle)			
Home Address				
Phone Number _				
Department			Work Title	
Starting date with De	elaware County		Work Phone Number	
Section II	School and Course Info	rmation		
Name and Address:			Course(s) Title:	1.
			_	2.
				3.
			Classes Begin:	End:
Accredited School:	Yes	No	Days of Week Cl	ass Meets:
s the course work re	equired			ss Meets:
for your degree?	Yes	No		etion Date:
Enrolled as:	Graduate	Undergraduate		
Major/Program:			Anticipated Amo	
_			for class /classes Anticipated Amo	· ———
Type of Degree:			_	

Section III Applicant Statement of Justification  Please briefly state how the proposed course work would broaden your knowledge and skill and furthermore benefit
Delaware County.
Section IV Supervisor Statement of Justification  Please briefly state how the proposed course work would broaden the applicant's knowledge and skill and furthermore benefit Delaware County

Section V	Approval Process	
T		
Immediate		Approved Disapproved Date
Supervisor	(Signature)	(If disapproved, specify reason)
	(- 6)	
Director		Approved
(When applicable)	(Signature)	Disapproved Date (If disapproved, specify reason)
	(Signature)	(If disapproved, specify reason)
Human		Approved
	(Signature)	(If disapproved, specify reason)
Appointing		Approved
Authority	(Signature)	Disapproved Date (If disapproved, specify reason)
	(Signature)	(ii disappioved, specify feason)
Cianaturas an	d annuavala indicata that tl	he application mosts policy standards and funds
_		he application meets policy standards and funds
		ocess this reimbursement unless the application is
marked disap	proved at any level.	
Section VI	Request for Reimbursement Au	nthorization (For Human Resources Use ONLY)
Amount of Tuition		Course Grade:
\$	x .90% =	
Amount of Require	ed Course Books	
¢	x .50% =	
Φ	x .50% =	
Amount of Daimhu	mannant Annuavad ¢	(90% tuition/lab fees, 50% required books)
Amount of Reinibu	irsement Approved \$	(90% tuition/lab lees, 50% required books)
Authorizing Signat	ure:	Date
		<u> </u>
Forwarded to Audi	tor's Office Date	<u> </u>
	Date	
T 1 11 11 1	. 1 6	
<u> </u>	C	ent, I agree that by participation in the tuition reimbursement
		I must repay a sum or all tuition reimbursement paid by the County 2) years after the course was completed or 50% if greater than two
		as completed (amount is determined by policy in effect). I agree to
		my separation of County employment.
	are	Date