

**DELAWARE COUNTY
TUITION ASSISTANCE APPLICATION**
Effective February 2014

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.*

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 Employee Information

Print Name (Last, First, Middle) _____
 Home Address _____
 Phone Number _____
 Department _____ Work Title _____
 Starting Date with Delaware County _____ Work Phone Number _____

Section II School and Course Information

Name and Address: _____ Course(s) Title: 1. _____
 _____ 2. _____
 _____ 3. _____
 Classes Begin: _____ End: _____
 Accredited School: Yes No Days of Week Class Meets: _____
 Is the course work required for your degree? Yes No Time of Day Class Meets: _____
 Expected Completion Date: _____
 Enrolled as: Graduate Undergraduate
 Major/Program: _____ Anticipated Amount of Tuition for class /classes listed above \$ _____
 Type of Degree: _____ Anticipated Amount of Books for class/classes listed above \$ _____

Delaware County does not duplicate payment for Scholarships, Veterans Assistance, or other financial aid. Did you received any other assistance? Yes No
 If yes, how much and what kind? _____

Employee's Signature _____ Date _____

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

Immediate Supervisor _____ Approved _____
Disapproved _____ Date _____
(Signature) (If disapproved, specify reason)

Director (When applicable) _____ Approved _____
Disapproved _____ Date _____
(Signature) (If disapproved, specify reason)

Human Resources _____ Approved _____
Disapproved _____ Date _____
(Signature) (If disapproved, specify reason)

Appointing Authority or designee: _____ Approved _____
Disapproved _____ Date _____
(Signature) (If disapproved, specify reason)

Signatures and approvals indicate that the application meets policy standards and funds have been appropriately dedicated to process this reimbursement unless the application is marked disapproved at any level.

Section VI Request for Reimbursement Authorization (For Human Resources Use ONLY)

Amount of Tuition \$ _____ x.90%= _____ Course Grade: _____

Amount of Required Course Books \$ _____ x.50%= _____

Amount of Reimbursement Approved \$ _____ (90% tuition/lab fees, 50% required books)

Authorizing Signature: _____ Date _____

Forwarded to Auditor's Office _____
Date _____

I acknowledge that in exchange for tuition reimbursement, I agree that by participation in the tuition reimbursement program, if I resign, retire or am discharged for cause, I must repay a sum or all tuition reimbursement paid by the County for courses completed equal to 100%, if less than one (1) year after the course was completed or 50% if greater than one (1) year but less than three (3) years after the course was completed (amount is determined by policy in effect). I agree to reimburse the County in full within thirty (30) days of my separation of County employment.

Employee's Signature _____ Date _____