

GRAND COUNTY - REQUEST FOR TUITION REIMBURSEMENT

Employee Instructions:

Prior to Enrollment: Complete the entire form as well as the Agreement and Statement of Understanding. Have the application approved by your Department Head/Elected Official. Following this review, forward to Personnel at least two (2) weeks prior to the start date of the course. One form required per course taken.

After Courses are Completed: Attach evidence of satisfactory course completion plus an itemized statement of tuition showing proof of payment. Forward the form and original documents to the County Manager's Office

Please Print:

Name _____ SS# _____ Department _____

University/College/Trade School _____ Course Begins _____ Course Ends _____

Course Title/Number _____ Estimated Tuition Cost \$ _____

Please describe how this course will benefit you in the scope of your employment with Grand County:

I have read and understand the provisions of the Tuition Reimbursement Policy and agree that I meet all the requirements. Upon completion of the course, I will submit the original itemized receipt along with a final grade report. I have read and have signed the attached Agreement and Statement of Understanding.

Employee Signature

Date

For Supervisor Use Only:

Employee is: Full-time Part-time

Employee employed more than 1 year: Yes No

_____ This course is job related

_____ Employee has NO "below" ratings on last review

Justification of course (MUST be complete by the immediate supervisor):

Reviewed and Approved by:

Department Head/Elected Official: _____ Date: _____

County Manager: _____ Date: _____

For Personnel Use Only:

Approved? Yes No By: _____ Employee Notified? Yes No

YTD Reimbursement: \$ _____ Annual Cap: \$ _____ Balance: \$ _____

Payment Authorization _____ Taxable Income? Yes No

AGREEMENT AND STATEMENT OF UNDERSTANDING
Tuition Reimbursement Program

I have applied for benefits through the Tuition Reimbursement Program with Grand County. I acknowledge and understand that if I leave the County employment before six (6) months of employment are completed after tuition reimbursement, I will be required to reimburse the County for 100% of tuition allowed. If I leave the County employment after six (6) months of employment after tuition reimbursement, but before one year, I will be required to repay the County for 50% of the tuition provided.

If I remain in the County employment for at least one (1) year after reimbursement of tuition, I will not be required to repay any of the allowed tuition. I HEREBY AUTHORIZE GRAND COUNTY TO WITHHOLD FROM MY FINAL PAYCHECK ANY AMOUNTS OWED BY ME PURSUANT TO THIS AGREEMENT. In the event any such monies owed by me exceed the amount of my final paycheck, I acknowledge, understand and agree that I am required and legally bound to pay the full amount owed to the County within thirty (30) days from the date of termination of my employment, with any balance remaining due and owing after expiration of said thirty (30) days to accrue interest at the then statutory rate for interest on judgements in the State of Colorado.

I further understand that this Agreement is effective only for and including 365 days from the date of completion of the subject course(s), or the date of completion of a semester of course work, and that thereafter I will no longer be obligated to repay the County for any tuition reimbursement amount incurred prior to that time period.

BY SIGNING BELOW, I REPRESENT THAT I HAVE FULLY READ AND UNDERSTAND THE FOREGOING AGREEMENT AND STATEMENT OF UNDERSTANDING, AND ACKNOWLEDGE THAT I AM BOUND TO ALL TERMS THEREOF.

Employee Signature

Date

Employee Name - Printed

Grand County

By _____

Date

NOTE: This form must be completed and submitted to the Accounting Department along with the Tuition Reimbursement Request Form.