



St. Johns County Board of County Commissioners Continuing Education Assistance Application

Name:

Employee #:

Department:

Date:

Educational Institution:

Term Beginning:

Term Ending:

Major or Field of Study:

Requested Course(s)

Course No.

Course Title:

Credit Hours:

Tuition Fee:

Course No.

Course Title:

Credit Hours:

Tuition Fee:

Total Reimbursement Request
Max. of \$1000.00 per fiscal year

Total Credit Hours:

Total Tuition Fees:

Attach receipts listing tuition, books, lab fees, etc.

I have not received any non-refundable financial assistance.

I have received non-refundable financial assistance (scholarships, grants, etc.). Amount: \$

Please read each of the statements below to verify your understanding of the rules regarding the Continuing Education Assistance Program. Check the box to the left of each statement to verify that you have read and understood the statements, and then type in your name and date on the signature lines below. For more information on eligibility and procedures, please refer to the Personnel Section of the Administrative Code. You may also contact Personnel Services at (904) 209-0635 for any questions you may have regarding the program.

I certify that the course work for which I am applying will benefit me in my current position or another County position for which I wish to apply and/or is needed for the completion of my degree.

I understand that to be eligible for reimbursement I must submit verification of satisfactory completion of the course(s) (at least a C grade). Grades must be submitted to Personnel Services no later than 30 days after the completion of the quarter/semester/class. If the time period ends on a weekend or County holiday, grades must be received by Personnel Services on the day before the weekend or holiday.

I understand that if grades or proof of payment are submitted late I will NOT be eligible for reimbursement.

I understand that if my application has been approved, if my grades and proof of payment have been submitted on time and if funds are available, I will be reimbursed for eligible expenses. If an employee has reached the maximum reimbursement amount, documents will not be held for payment in future years.

In the event that I terminate employment with St. Johns County, either voluntarily or involuntarily (except in cases of reduction-in-force), I agree to refund to the County monies received by me during the two (2) year period preceding my date of termination. The amount owed to the County will be pro-rated on quarterly increments.

I agree that the County may withhold from my termination pay and/or annual leave reimbursement any tuition repayments due from me. I also agree to refund any overpayments I receive. Payments based on deceit, fraud or calculation errors are considered overpayments.

I certify that I have read and understand the above statements and that to the best of my knowledge this application is complete and correct. I further understand that falsifying this application can be grounds for suspension from the Continuing Education Assistance Program, grounds for disciplinary action, and could constitute fraud which could result in criminal penalties.

Print Name:

Signature:

Date:



Approvals

Department
Director

Print Name:

Signature:

Date:

Personnel
Services

Print Name:

Signature:

Date:

Amount Approved:

Reason:

Disapproval

Personnel
Services

Print Name:

Signature:

Date:

Reason: