



# St. Johns County Board of County Commissioners Continuing Education Reimbursement Request

Name:

Employee #:

Department:

Date:

.....

Educational Institution:

Term Beginning:

Term Ending:

Major/Field of Study:

.....

**In order to receive tuition reimbursement for continuing education courses, you must have submitted a Continuing Education Assistance Application and received approval from your department director and Personnel Services.**

**Have you submitted a Continuing Education Assistance Application for this reimbursement request?**

Yes

No

.....

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

**Total Credit**  
**Hours:**

**Total Tuition**  
**Fees:**

.....

**REQUESTS FOR REIMBURSEMENT MUST BE MADE WITHIN 30 DAYS AFTER THE COMPLETION OF EACH COURSE.**

I acknowledge that it is my responsibility to provide an appropriate receipt and evidence of successful ("C" or better) course completion to Personnel Services in order to obtain tuition reimbursement.

I acknowledge that I must be actively employed by St. Johns County at the time I seek reimbursement. In the event that I terminate employment with the 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 per the guidelines in the Administrative Code.

Employee's Signature:

Date of Reimbursement Request:

\_\_\_\_\_  
Personnel  
Services Approval:

**Please submit completed forms to Personnel Services - Fax: (904) 209-0636**

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