



ST. JOHNS COUNTY Tuition Reimbursement Application and Agreement

Date _____

Employee Name _____

Employee Number _____

Department _____

Accredited School _____

Course(s) Description _____

Tuition Amount \$ _____

Course Begin Date _____ Course End Date _____

I understand that, upon after successful completion of the approved course(s), with a G.P.A. of 2.0 or better, I may be reimbursed at 100% of the cost of tuition if funding is available provided I have not exceeded the \$1000 per fiscal year allowance. I also agree that if I voluntarily terminate my employment or am discharged for gross misconduct before three (3) years time after reimbursement, I will be liable for refunding a pro-rata share of the educational reimbursement using a formula of one-third for each full year worked. Refunds, if applicable, are due to the Personnel Services Department at the time of resignation/termination. Any refunds not paid at the time of resignation/termination shall be deducted from my final pay. In the event there is a balance due after this deduction, I will have thirty (30) calendar days to make payment in full the Personnel Services Department to avoid legal actions of recovery.

Employee Signature _____ Date _____

Department Director Approval _____ Date _____

Employee Development Manager Approval/Disapproval _____

Reason _____ Date _____

REIMBURSEMENT

To obtain reimbursement for tuition, receipt for tuition and certification of completion must be submitted to the Personnel Services Department not later than 30 days after completion of course(s).

Reimbursement approved by _____
Employee Development Manager

Certification of Completion Attached _____yes _____no
Receipt for Tuition Attached _____yes _____no
Request for reimbursement sent to BCC Finance Accounts Payable Date _____ Initials _____