Version: 12/8/2015



## **Tuition Reimbursement Program Application**

Applicant information			Office use offiny
Name:		EID:	SSN: xxx - xx -
Division or Elected Office:			Employee Eligible: Yes No
Daytime Phone:	E-mail:		Department ID:
Courier Address:			FTE:
<b>Educational Pursuits</b>			
I will be attending (name of school):			University Eligible: Yes No
Confirmation of accreditation: Please review the following <u>Tuition Reimbursement Program</u> Accreditation Information document to determine which Regional or National Accrediting Agency			Field of study approved:
ccredits your school and enter the name of the accrediting agency here:		Doctorate degree endorsed: Yes No	
	Doctorate	Masters Bachelors	
I will be working toward a (Select one):	Associates	Certificate Course Only	
If seeking a degree or certificate, what degree or certificate is it?			
If taking a course only, does it relate to your current job or one in which the County recruits?			
Yes No			
Application			
This application is for the term/semester/course:			Application received on time: Yes No
Starting (month/day/year) Ending (month/day/year)			Application: Approved Denied
Employees will be notified by Human Resources of their acceptance or rejection within three (3) weeks of receipt of the application.			Acceptance/Denial letter sent: On: By:
Reimbursement			
Please list each course included on this application for which you will be seeking reimbursement			Grades Received on time: Yes No
along with the cost of tuition and mandatory fees. For approved fees see the <u>Program Summary</u> at the <u>Employees' University Website</u> .			Proof of Payment Received: Yes No
			Employee Status & Yearly Reimbursement Limit:
Course Title & Number	Credits	Tuition & Mandatory Fees	Full Time/40 hours (100%) up to \$5,250.00
			Three-Quarter Time/30 hours (75%) up to \$3,937.50  Half-Time/20 hours (50%) up to \$2,625.00
	_ -		\$ x % = Amount Eligible for Reimbursement
	_ _		Other reimbursements received this year:
	_		
	_		
	_		Please Post \$
	_		On the: Paycheck:
			Total YTD will be \$:
			By: Date:
	_		Payroll post by:
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Please read each of the statements below to verify your understanding of the rules regarding the Tuition Reimbursement Program. Check the box to the left of each statement to verify that you have read and understand the statement then type in your name and date on the signature line below. For more information on eligibility and procedures see <a href="Human Resources Policy 6-300">Human Resources Policy 6-300</a>. You can also contact Human Resources at 385-468-0576 for any questions you may have regarding the program.

Ар	olicant's Signature: Date
	ise type in your name and today's date below. Parties hereto agree to conduct the transaction by electronic means and hereby state that the tronic signature shall have the same force and effect as an original signature.
	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 Tuition Reimbursement Program, grounds for disciplinary action, and could constitute fraud which could result in criminal penalties.
	I agree that the County may withhold any tuition repayment due from me by first reducing my final paycheck with hours worked to minimum wage. Second, if there is still an amount owing after my paycheck is paid at minimum wage, I understand the County will retain any remaining amount due from my termination payout (i.e. vacation, holiday, or any other amount still due to the employee). If further monies are still due payment arrangements can be made. If these arrangements are not met, then my account will be turned over to the District Attorney's Office for collection proceedings. I also agree to refund any overpayments I receive. Payments based on deceit, fraud or calculation errors are considered overpayments
	In the event that I terminate employment with Salt Lake County, either voluntarily or involuntarily (except in cases of reduction-in-force), agree to refund to the County monies received by me during the <b>two</b> (2) year period preceding my date of termination. The amount owed to the County will be pro-rated on quarterly increments.
	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 commensurate with hours worked up to the maximum limit of \$5,250.00 (full time employee), \$3,937.50 (three-quarter time employee), or \$2,625.00 (half-time employee) for the calendar year. After receipt of grades and proof payment are received, reimbursement will be made on the next available paycheck as determined by the payroll submission dates set by the County. If an employee has reached the maximum reimbursement amount, documents will not be held for payment in future years. The calendar year payment maximum is determined by the date the checks are received by the employee, not the date courses were taken of completed.  I agree that I am responsible for any federal or state tax liability.
	I understand that as with all County benefits the County Council may choose to modify the Tuition Program. Therefore, acceptance of my Tuition Reimbursement application does <b>NOT guarantee payment</b> .
	I understand that to be eligible for reimbursement, I must submit verification of satisfactory completion of the course(s) (at least a C grade and verify that tuition was paid prior to receiving tuition reimbursement funds. Grades and proof of payment must be submitted to Human Resources no later than 30 days after completion of the term/semester or course (for specialized universities such as University of Phoenix). I the time period ends on a weekend or County Holiday, grades and proof of payment must be received by Human Resources 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 give Salt Lake County permission to verify my declared degree.
	I understand that a Tuition Reimbursement Program application must be submitted for each term/semester or course (for specialized universities such as University of Phoenix) for which tuition is requested.
	I understand that applications must be received by the Human Resources Division no sooner than thirty (30) calendar days prior to the beginning of the term/semester or no later than thirty (30) calendar days after the beginning of the term/semester for which tuition reimbursement is requested and that it is my responsibility to ensure that my application is received on time. I also understand that this applies for employees seeking reimbursement for individual courses with specialized universities, such as the University of Phoenix, which must be received by the Human Resources Division no sooner than thirty (30) calendar days prior to the beginning of the course or no late than thirty (30) calendar days after the course has begun for which tuition reimbursement is being requested. I further understand that if the time period ends on a weekend or County Holiday, applications must be received by Human Resources on the day before the weekend or Holiday and that late applications will NOT be accepted.
	I understand that I must be either a regular, permanent part-time or appointed non-merit employee and off probation before the school term or course (for specialized universities such as University of Phoenix) for which I am seeking reimbursement begins.
	I understand that other education costs, including tests (other than CLEP), books, transportation, and room and board are the responsibility of the employee.
	I recognize that accreditation does not provide automatic acceptance by an institution of credit earned at another institution and that I should take additional measures to determine whether or not my educational goals will be met through attendance at a particular institution.
	I further 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 hereby make application for admission to the Salt Lake County Tuition Reimbursement Program. I understand and agree that all courses will be pursued on my own time. If attending the above courses requires an adjustment in my work schedule, I certify that such arrangement have been made with my supervisor.