

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 [Human Resources Policy 6-300](#). You can also contact Human Resources at 385-468-0576 for any questions you may have regarding the program.

- ☐ 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 arrangements have been made with my supervisor.
- ☐ 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 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 understand that other education costs, including tests (other than CLEP), books, transportation, and room and board are the responsibility of the employee.
- ☐ 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 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 later 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 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 give Salt Lake County permission to verify my declared 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) 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). If 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 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 NOT guarantee payment**.
- ☐ 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 of 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 or completed.
- ☐ I agree that I am responsible for any federal or state tax liability.
- ☐ In the event that I terminate employment with Salt Lake 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 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
- ☐ **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.

Please type in your name and today's date below. Parties hereto agree to conduct the transaction by electronic means and hereby state that the electronic signature shall have the same force and effect as an original signature.

Applicant's Signature: _____

Date