TUITION REIMBURSEMENT

AGREEMENT FORM

EmployeeName: _____ Date: _____

Department: _____ Title: _____

Personnel Policy, Article VI, Section 10: Subject to availability of funds, the Town provides a tuition reimbursement program for approved courses taken at an accredited college or institution. "Approved courses" are those that are generally in the employee's field of work, or that are required for a degree in the employee's field of work, and will improve his or her skills for their current job, or prepare him or her for promotional opportunities.

I am requesting consideration for reimbursement of my job-related upcoming tuition expenses for the following course(s):

Course Name(s):			
Name of College/University:			
Address of College/University:			
Estimated Cost of Tuition and/or other eligible expenses:			
Course start date:		Expected Completion Date:	

I am aware that:

- This request must be approved by the Town Manager in advance of taking a course.
- The Town will only reimburse permanent full-time employees who have completed their initial probationary period.
- Courses must be taken on my own time. Approved courses are those which will improve my skills for my current job or prepare me for promotional opportunities within the Town's service, with no guarantee of a promotion or pay increase.
- Tuition, registration fees, cost of books, laboratory fees, and student fees are eligible expenses, but must be requested prior to registration due to budget constraints.
- I may be reimbursed for up to $1,000 of eligible expenses each fiscal year (July 1 – June 30) by submitting a detailed official receipt from the college/university, subject to availability of funds at course completion date.
- I must receive a passing grade of "C" or better and provide official proof of meeting grade requirements at completion of the course(s) before any reimbursement will be considered.
- I must adequately and properly perform all duties required of my position with the Town before any reimbursement will be considered.
- I must reimburse the Town for all tuition assistance granted if I leave the Town within 6 months after completion of a course.

Employee Signature: _____ **Date:** _____

	Department Head Signature & Date	Town Manager Signature & Date
Approved		
Denied		

Checklist: (attachments required prior to any disbursement of Town funds):	
	Proof of satisfactory course completion and grade
	Itemized receipt(s) from college/university
	Check request approved by the Department Head and Town Manager