FAIRFIELD COUNTY TUITION REIMBURSEMENT APPLICATION

Effective April 1, 2017

INSTRUCTIONS:

Before Course(s) Begin: Complete Sections I, II and III below and provide signature and date at the bottom of Tuition Reimbursement Application. Obtain supervisor's statement of justification in Section IV and secure your supervisor's approval in Section V. Appointing Authorities other than the Board of Commissioners must sign Section V. The application must then be sent to Human Resources. Human Resources ensures the application meets policy standards and funds have been appropriately dedicated to process this reimbursement. Once the application is reviewed by all levels of authority, Human Resources returns a copy of the Tuition Assistance Application to the employee and supervisor.

After Completion Of Course(s): Submit necessary documents in legible form to Human Resources, including itemized tuition and fee statement indicating a zero balance, itemized book purchase receipt and grade report. All documents must be provided for reimbursement.

Section I	Employee Information			
Print Name (Last, Fi	irst, Middle)			
Home Address				
Phone Number	,			
Department		Wor	rk Title	
Starting Date with Fairfield County			ork Phone Number	
Section II	School and Course Inform	ation		
Name and Address:			Course(s) Title:	1.
				2.
				3.
			Classes Begin:	End:
Accredited School:	Yes	No	Days of Week Cl	ass Meets:
Is the course work required			Time of Day Clas	ss Meets:
for your degree?	Yes	No	Expected Comple	
Enrolled as:	Graduate	Undergraduate		
Major/Program:			Anticipated Amor	
Type of Degree:			Tor class / classes	
Employee's Signatu	ra		Data	

Section III Applicant Statement of Justification Please briefly state how the proposed course work would broaden your knowledge and skill and furthermore benefit Fairfield
County.
Section IV Supervisor Statement of Justification
Please briefly state how the proposed course work would broaden the applicant's knowledge and skill and furthermore benefit Fairfield County

Section V	Approval Process	
Immediate Supervisor		Approved Date
	(Signature)	(If disapproved, specify reason)
Director (When applicabl	le)	Approved Disapproved Date (If disapproved, specify reason)
	(Signature)	
Appt.Auth./ Designee		Approved Disapproved Date
	(Signature)	(If disapproved, specify reason)
Human Resources	(Signature)	Approved Disapproved Date (If disapproved, specify reason)
have been a	ppropriately dedicated to proc approved at any level.	e application meets policy standards and funds eess this reimbursement unless the application is norization (For Human Resources Use ONLY)
Amount of Tuiti	on x.50%=	Course Grade:
Amount of Rein	nbursement Approved \$	(50% tuition/lab fees not to exceed \$5000 annually)
Authorizing Sign	nature:	Date
Forwarded to Au	uditor's Office	_
	Duic	
if I resign, retire completed equal than two (2) yea course was com (amount is dete separation of C to provide for acknowledge th	or am discharged for cause, I must repart to 100%, if less than one (1) year after the cause was completed, or 50 apleted, or 25% if greater than three (3) rmined by policy in effect). I agree to county employment or to enter into a pany amounts due and owing upon many amounts due and	at, I agree that by participation in the tuition reimbursement program, by a sum or all tuition reimbursement paid by the County for courses the course was completed or 75% if greater than one (1) year but less with if greater than two (2) years but less than three (3) years after the years but less than four (4) years after the course was completed to reimburse the County in full within thirty (30) days of my ayment plan and sign a promissory note not to exceed 24 months by separation from service with the County. I understand and ld from my final compensation to provide for repayment unless
Employee's Sign	nature	Date