
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 _____
(Signature)

Approved _____
Disapproved Date _____
(If disapproved, specify reason)

Director (When applicable) _____
(Signature)

Approved _____
Disapproved Date _____
(If disapproved, specify reason)

Appt.Auth./ Designee _____
(Signature)

Approved _____
Disapproved Date _____
(If disapproved, specify reason)

Human Resources _____
(Signature)

Approved _____
Disapproved Date _____
(If disapproved, specify reason)

Signatures and approvals indicate that the application meets policy standards and funds have been appropriately dedicated to process this reimbursement unless the application is marked disapproved at any level.

Section VI Request for Reimbursement Authorization (For Human Resources Use ONLY)

Amount of Tuition \$ _____ x.50%= _____

Course Grade: _____

Amount of Reimbursement Approved \$ _____ (50% tuition/lab fees not to exceed \$5000 annually)

Authorizing Signature: _____

Date _____

Forwarded to Auditor's Office _____
Date

I acknowledge that in exchange for tuition reimbursement, I agree that by participation in the tuition reimbursement program, if I resign, retire or am discharged for cause, I must repay a sum or all tuition reimbursement paid by the County for courses completed equal to 100%, if less than one (1) year after the course was completed or 75% if greater than one (1) year but less than two (2) years after the course was completed, or 50% if greater than two (2) years but less than three (3) years after the course was completed, or 25% if greater than three (3) years but less than four (4) years after the course was completed (amount is determined by policy in effect). **I agree to reimburse the County in full within thirty (30) days of my separation of County employment or to enter into a payment plan and sign a promissory note not to exceed 24 months to provide for any amounts due and owing upon my separation from service with the County. I understand and acknowledge that the full amount due will be withheld from my final compensation to provide for repayment unless other arrangements are made within 10 days.**

Employee's Signature _____

Date _____