

# Hamilton County 2023 Tuition Reimbursement Application

Completed application must be returned to Supervisor, Human Resources Development at least 30 days prior to the start of any coursework for each term for which the employee is requesting reimbursement.



**EMPLOYEE INFORMATION** (This page to be completed by the employee.)

Last, First Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
 Department/Site: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Work Phone/Cell: \_\_\_\_\_  
 Work e-mail: \_\_\_\_\_

**UNIVERSITY/SCHOOL/PROGRAM INFORMATION**

Name of University/School: \_\_\_\_\_  
 Address/Location: \_\_\_\_\_  
 Degree:  Associate  Bachelor  Masters  Other (describe) \_\_\_\_\_  
 Major: \_\_\_\_\_ Courses taken:  Online  In person  Blended  
 How program enhances ability to perform current job responsibilities and/or increases advancement potential:  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURSES/FEEES**

PART A: Completed/approved PRIOR to start date

Course #	Course Title (please do not abbreviate)	Credit Hours	Course Start (mm/dd/yyyy)	Course End (mm/dd/yyyy)	Estimated Tuition
#					
#					
#					

**EMPLOYEE VERIFICATION AND AUTHORIZATION**

I acknowledge that I... (please initial each line, then sign and date below):

\_\_\_\_\_ have read and agree to Hamilton County’s Tuition Reimbursement Policy, as revised 5/19/2022;

\_\_\_\_\_ have completed and attached my signed tuition reimbursement agreement to this form;

\_\_\_\_\_ responded to all questions truthfully and accurately. I further understand that falsification, misstatement, or omission of any information on this application will lead to disqualification for receipt of tuition reimbursement benefits and/or may result in disciplinary action up to and including termination of my employment;

\_\_\_\_\_ authorize the educational institution named in this application to release transcript and fee information to the Hamilton County Human Resources Department, as requested.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hamilton County 2023 Tuition Reimbursement Application, cont.

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## EMPLOYEE INFORMATION *(This page to be completed by the manager and HR.)*

Last, First Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Department Name: \_\_\_\_\_ Paygroup: \_\_\_\_\_

## MANAGER VERIFICATION AND AUTHORIZATION

For each of the following criteria, please check the appropriate box regarding the employee named above:

Employee Status:  Full-time  Part-time  Temporary  Other (describe) \_\_\_\_\_

Is employee part of a bargaining unit?  Yes  No

Has the employee successfully completed their initial probationary period?  Yes  No  N/A

Is the employee currently on an extended leave?  No  Yes; type of leave: \_\_\_\_\_

Overall rating on last performance review:  Exceeds Expectations  Meets Expectations/Satisfactory  
 Area for Improvement  Unsatisfactory  Other: \_\_\_\_\_

Attendance and punctuality:  Satisfactory  Unsatisfactory

Is employee currently subject to serious disciplinary action, per department guidelines?  Yes  No

## MANAGER APPROVAL

I certify the employee identified above meets all eligibility requirements of the Hamilton County Tuition Reimbursement Program and is pursuing a program of study that enhances the employee's ability to perform their job responsibilities and/or increase the employee's advancement potential.

Supervisor/Manager (print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature, Supervisor/Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Head, if different (print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature, Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

## HUMAN RESOURCES REVIEW AND VERIFICATION

Meets Criteria?	Institution/Course Criteria	Meets Criteria?	Employee Criteria
	College or university accreditation		Employee status
	Degree level/Major		Probation/review/attendance/discipline
	Courses eligible/required for degree		Signed Repayment Agreement
	Related to role or potential advancement		Bargaining unit benefit in CBA

## HUMAN RESOURCES APPROVAL

The program of study identified on page 1 of this application  is  is not pre-approved for the tuition reimbursement program. The employee must submit documentation of grades, itemized charges, and payment of those charges within 90 days after completion of the class(es) identified on page 1 for consideration of any reimbursement.

Human Resources Approver (print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature, Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_