



# Village of Royal Palm Beach, Florida

## Tuition/Course Reimbursement Form

This form is to be filled out and approved prior to taking any classes. Fill it out and get approval before the class starts. After completion of the course, attach your receipts and your final grade for reimbursement.

Do you have a Tuition Request Form Approved for the current Budget year? Yes  No

### Employee Information

Employee Name:  Position:   
Department/Division:

Name of Accredited School:   
Course Semester: Fall Semester  Winter Break  Spring Semester  Summer   
Date Classes Start/End: From:  To:   
Degree Seeking: Associates  Undergraduate  Graduate

### Course Information

Course Name/ID#:  ID#   
Course Description:   
Is this an internet based class? Yes  No

**Financial:** Cost for this Course: \$  Number of Credits: #   
FINAL GRADE RECEIVED:

Course Name/ID#:  ID#   
Course Description:   
Is this an internet based class? Yes  No

**Financial:** Cost for this Course: \$  Number of Credits: #   
FINAL GRADE RECEIVED:

Course Name/ID#:  ID#   
Course Description:   
Is this an internet based class? Yes  No

**Financial:** Cost for this Course: \$  Number of Credits: #   
FINAL GRADE RECEIVED:

### Employee Acknowledgements:

1) I understand that it is my responsibility to pay tuition and registration costs at the time of enrollment and study on my off-duty time. Books, parking fees, lab, travel/mileage, food, postage and other misc. fees will not be reimbursed. Employee Initials \_\_\_\_\_

2) I understand the Village will reimburse covered costs upon submitting payment receipt(s) within 60 days of course completion with an official report grade of "B" or higher, or "pass" for a course graded pass/fail. Employee Initials \_\_\_\_\_

THIS REQUEST HAS BEEN: APPROVED:  DENIED:

### APPROVAL/SIGNATURES:

EMPLOYEE SIGNATURE:	_____		
	PRINT NAME	SIGNATURE	DATE
SUPERVISOR SIGNATURE:	_____		
	PRINT NAME	SIGNATURE	DATE
DEPT DIRECTOR:	_____		
	PRINT NAME	SIGNATURE	DATE
HUMAN RESOURCES:	Monika D. Bowles	_____	_____
	PRINT NAME	SIGNATURE	DATE
VILLAGE MANAGER:	_____		
	PRINT NAME	SIGNATURE	DATE
	Raymond Liggins	_____	_____
	PRINT NAME	SIGNATURE	DATE



# Village of Royal Palm Beach, Florida

## Tuition/Course Reimbursement Form

Submittal for Tuition Reimbursement - Finance Department

**ORIGINATING DEPARTMENT FILL OUT AND SUBMIT TO HR FOR PROCESSING**

### Employee Information

Employee Name:

Position:

Department/Division:

### Check Information:

Are you being awarded subsidy/grant \$ towards this course(s)? Yes  No ; If Yes, how much: \$

Account # \_ \_ \_ - \_ \_ \_ - \_ \_ \_ - \_ \_ \_

Payment Receipts Attached

Official School Grade Report Attached

\* Pursuant to Chapter 11, only Tuition and Registration Fees are Reimbursable.

Total Cost for Reimbursement to Employee: \$

I understand that I am required to remain in an active, full time working status with the Village, pursuant to Chapter 11, subsection 11.4, A. "Employees who receive tuition assistance for an Associates or Undergraduate degree are obligated to remain employed with the Village for a minimum of one (1) full year, a rolling twelve (12) month period, after the completion and reimbursement of the last course; B. "For a Graduate degree, an employee is obligated to remain employed for a period of two (2) years, a rolling twenty-four (24) month period, to start after the completion and reimbursement of the last course". If these terms are not met, any reimbursed tuition funds, as outlined in Chapter 11, subsection 11-2, part E, will be considered a personal loan which I give the Village my full express authority and permission to collect from me in the form of withdrawing such funds from my last paycheck, as outlined in Chapter 11, subsection 11-2, part F, or utilizing other means of collection including a third party. I further understand and will not contest the terms of this agreement, and I will be responsible for any additional costs incurred as a result of the Village having to pay any additional costs to collect these funds from me upon my separation.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Check Reimbursement under the Tuition Policy has been: APPROVED:  DENIED:

**Complete and Ready for Reimbursement pursuant to the terms and conditions of the Village's Policy on Education, Chapter 11 of the Policy & Procedure Manual.**

HR Department: **Monika D. Bowles** \_\_\_\_\_

Date: \_\_\_\_\_