ROYAL PALM BEACH TOMBA

Village of Royal Palm Beach, Florida

TUITION ASSISTANCE REQUEST FORM

All applications for tuition reimbursement must be submitted to your Department Head for inclusion in the budget approval no later than the last week of April. All applications will be reviewed for employee eligibility, course relevancy, and availability of funds. It is the responsibility of the employee to submit all required documentation by the application deadline, failure to do so may result in ineligibility or denial of the request. *Funding availability for the Tuition Reimbursement program is determined by, and subject to, appropriation of funds by the Village Mayor and Council approval of the budget each fiscal year.

This request is for Budget Year: 20	20			
Employee Information Employee Name: Department/Division: Score on your most recent Evaluation:	Position: Date of Hire:			
Employee Statement This degree with strengthen my abilities	which in turn will directly benefit the Village by:			
College/University Information College/University Attending: Location of School/Address: School Accreditation:				
Program of Study:	Undergraduate Graduate ÁNo Á If Yes, how many?			
Financial Information Cost per Credit Hour: \$ Credits Taking this Fiscal Period: Total Amount Requested This Budget Ye Total Credits Needed to Graduate:	ear: \$			
Have you been awarded any education subsidy or grant towards the cost of these classes? Yes No Á If Yes, how much have you been granted/subsidized? \$				
Employee Acknowledgements:				
1) I have attached my entire course curriculum to my application and understand I cannot proceed with this program with the expectation of reimbursement by the Village unless my request has been approved, and I have received a copy of this form once it has been fully executed. Employee Initials				
11: Education of the Policy and Procedure N	e the covered reimbursable costs as outlined in Chapter Manual, upon submitting payment receipt(s) within 60 report grade of "B" or higher, or "pass" for a course			
	Employee Initials			

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This request is for Budget Year: 20 ___ - 20 ___

Employee Acknowledgements continued:

3) I further 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) 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.

Separation.		Employee Initials	
THIS REQUEST HAS BEEN: APPRO	DVED: DENIED: D		
APPROVAL/SIGNATURES:		I	
EMPLOYEE SIGNATURE:			
SUPERVISOR SIGNATURE:	PRINT NAME	SIGNATURE	DATE
DEPT DIRECTOR:	PRINT NAME	SIGNATURE	DATE
HUMAN RESOURCES:	PRINT NAME Monika D. Bowles	SIGNATURE	DATE
VILLAGE MANAGER:	PRINT NAME Raymond Liggins	SIGNATURE	DATE
	PRINT NAME	SIGNATURE	DATE