

CITY OF HAINES CITY TUITION REIMBURSEMENT APPLICATION

SECTION I – Employee Information

First Name:	Last Name:
Department:	Job Title:

SECTION II – Education Information

School/Institution:	Semester:
Degree:	Major:
Accrediting Agency:	Minor:

SECTION III – Course Title(s) and Information

Course #	Course Title	Course Dates Start/Finish	Credit Hours	Tuition Costs
1.				
2.				
3.				

1. Does the course provide you with the capacity to qualify for a new job within your department?
Yes No

2. Briefly explain how this course or program is directly related to maintaining or improving the skills required in your current position OR for retaining your current position, status or rate of pay OR legal and regulatory requirements for your current position.

SECTION IV – Course Approval

Department Director _____	Date _____
Human Resources _____	Date _____
City Manager _____	Date _____

SECTION V – Terms of Agreement and Acknowledgment

1. I understand that I must submit my application for Tuition Reimbursement to the Human Resources Department prior to the beginning date of the course(s). If my application is received on or after the course beginning date, it will be denied.
2. I understand that reimbursement shall be made upon successful completion of the course(s) listed herein with a grade of "C" or above or a grade of "B" or above for graduate level work, certificate of course completion, or a grade of "pass" in pass/fail courses.
3. I understand that I must submit my original grade report, original tuition receipts and the fully executed and approved application form to the Human Resources Department within **thirty (30) days** of the stated course(s) ending date. If I fail to do so, the City will not reimburse me for the applied educational expenses.
4. I understand that as a regular full-time employee, I am eligible for reimbursement of costs at the average rate established at the local State institutions (UCF, USF, PCC, Valencia CC, Seminole CC) for the current term.
5. I understand that I will only be eligible for reimbursement for a maximum of six (6) credit hours or \$2,000 (whichever is greater) per fiscal year.
6. It is understood that I shall pursue the course(s) listed herein during the off-duty hours of my regular employment with the City of Haines City. I certify that I am not receiving payments for these courses from any other source.
7. I agree to remain employed by the City of Haines City for a minimum of one (1) year from the completion of the course(s) listed herein. Should I fail to do so for any reason whatsoever (except death or disability), I shall reimburse the City of Haines City 100% for funds reimbursed for said course(s). I further agree that at the time of my termination reimbursement for the course(s) will be deducted from my final pay in accordance with applicable Federal, State, and local laws. Any balance owing after termination shall be paid within the first thirty (30) days of my termination.
8. I further understand that any misrepresentation, omission of facts, and/or alteration of documents occurring as a result of my application for tuition reimbursement will constitute sufficient cause for disciplinary action, up to and including termination.
9. I further understand that this program may be discontinued without notice based on current budgetary constraints.
10. I further acknowledge that the City is fully authorized to enforce the terms and conditions of this Agreement during and after my employment with the City of Haines City.

Employee's Signature _____ Date _____

ACKNOWLEDGMENT

STATE OF FLORIDA
COUNTY OF POLK

Sworn and subscribed to before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as identification.

Notary Public

Seal/Stamp

Notary Name; Printed or Typed

SECTION VI – Reimbursement Approval (To be submitted after course completion)

Department Director _____ Date _____

Human Resources _____ Date _____

City Manager _____ Date _____