

Linn County Tuition Reimbursement Course Request

I hereby apply for education assistance as provided by the Training Assistance and Tuition Reimbursement Program Policy of Linn County.

Please note the following deadlines for the Training Assistance and Tuition Reimbursement Program: Request forms must be completed and submitted to the Employee Development Committee **prior to the start date of the course.**

Name _____ Phone # _____

Department _____ Position _____

Course Name _____ Undergraduate OR Graduate

Education Institution _____ Degree _____

Beginning Date _____ Ending Date _____

Course taken: after hours OR during work hours (with Department Head approval)

Dept. Head signature (if course is taken during work hours)

Employees must submit a copy of their transcript if requesting reimbursement for this course as a part of a degree program. State how the above course work meets the objectives of the Tuition Reimbursement Program Policy:

Tuition Fees \$ _____

I am familiar with the terms of the Tuition Reimbursement Program Policy and understand that I will be eligible for a reimbursement percentage of the above costs (based on the grade received and subject to the yearly maximum) provided I complete the course with a grade of "C" or better and am still in the County's employ at course completion date. Upon termination of County employment, I agree to reimburse Linn County for any payments received in the 12-month period prior to termination according to the policy. I further agree such reimbursement will be deducted from my last paycheck from the County unless other arrangements are made with the payroll department in the Auditor's Office.

I receive no other outside aid, grant or scholarship (excluding student loans) in connection with the above course expense other than that indicated here. (If none, so indicate.) An employee is prohibited from receiving reimbursement from more than one source for the same course.

Employee Signature _____ Date _____

Please retain this form after the approval of the Employee Development Committee has been obtained. **Please submit an itemized tuition receipt along with a grade report within 30 days of the last date of the course.** Application for all courses must be received prior to the first day of class. If employee withdraws from this course, please notify the Human Resources Department at 892-5120.

EMPLOYEE DEVELOPMENT COMMITTEE:

REQUEST APPROVED: _____ REQUEST NOT APPROVED: _____ DATE: _____