



EDUCATION REIMBURSEMENT PROGRAM

APPLICATION, ELIGIBILITY DETERMINATION, & REIMBURSEMENT REQUEST

Use this form to request to participate in the Education Reimbursement Program. This form will be used to determine your eligibility, and if eligible, this form will also be used to request reimbursement. See Administrative Procedure 23-58 for eligibility criteria, deadline information and required attachments. **Any form that is incomplete and/or untimely will not be processed.** Call Human Resources at 520-724-8028 if you have any questions.

EMPLOYEE INFORMATION AND REQUEST: TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

Last Name:	First Name:	Middle Name:
Department:	Division:	EIN:
Work Phone:	Home Phone:	Cell Phone:
Job Title:	Employment Type (FT, PT, unclassified):	Date of Hire:

Course Information (Attach additional sheets if necessary & include all requested information)

Name of Educational Institution: _____

Course No.	Course Name	Units/ Credit Hours	Already Registered?	Level	Tuition (\$)	Other Allowable Expenses (\$)	Total (\$)	Course Start Date	Course End Date
			Yes No	Undergrad. Graduate Certification Other					
			Yes No	Undergrad. Graduate Certification Other					

If this course is part of a degree plan, name the degree: _____

If this course is not part of a degree plan, identify how it relates to your current job or how it relates to a Pima County classification specification of a position in a related career track: _____

EMPLOYEE DOCUMENTATION REQUIREMENTS:

Eligibility Documentation: Official copy of course description & this form fully completed with your signature; **to be submitted no more than 60 calendar days before classes start and no less than 21 calendar days before classes start.**

Reimbursement Documentation: Official copy of fees receipt, copy of grade report/certification form, and copy of this form indicating your eligibility approval; **to be submitted no more than 60 calendar days after your classes end.**

EMPLOYEE ATTESTATION:

The information I provided on this application is accurate to the best of my knowledge to include all grants and scholarships I have received, if any, and that I have indicated the total amount I have paid (less any grant or scholarship money) for the course(s) above. I anticipate completing the course(s) within the provided timeframe. I understand and agree that if I terminate my employment with Pima County within six (6) months of any Education Reimbursement, I shall return 50% of the monies received or arrange with my Department to have that amount withheld from my final paycheck, in accordance with Personnel Policy 8-123. If my employment ends prior to receiving reimbursement, my participation in the Pima County Education Reimbursement Program will also terminate.

Employee Signature: _____ Date: _____

Employee: Provide this form and supporting documentation directly to your Appointing Authority for eligibility determination

ELIGIBILITY – APPOINTING AUTHORITY DETERMINATION:

Did the employee receive a "successful" or "surpasses" rating on their performance appraisal in the last year? Yes No If no, explain the reason: _____

Has the employee received formal discipline in the last 12 months? Yes No

This application is: Approved Denied

If denied, please provide rationale for denial:

Appointing Authority Name: _____

Appointing Authority Signature: _____ Date: _____

If approved or rescinded, please save a local copy and send this form and supporting documentation to HRtraining@pima.gov

If rescinded, provide date and reason: _____

ELIGIBILITY - HUMAN RESOURCES PREAPPROVAL:

Date Human Resources received application packet for preapproval: _____

Is this more than 60 calendar days prior to start of classes? Y N (If yes, notify HR supervisor)

Is this at least 21 days before classes start? Y N (If no, notify HR supervisor)

Timely? Y N All required info included? Y N Course required for degree/cert./license? Y N

Human Resources determination in accordance with Administrative Procedure 23-58:

PREAPPROVED

NOT PREAPPROVED

Human Resources Signature

Date

Name/Title of Human Resources Reviewer

HR must send copy of this form and documentation to employee and Department

REIMBURSEMENT - HUMAN RESOURCES APPROVAL:

Date reimbursement request received: _____

Education Reimbursement application with AA and HR approvals/signatures

Copy of grade report/certification form/license or documentation

Copy of official fees receipt showing actual fees paid by employee

Timely? Y N All required info included? Y N Is final grade or certification acceptable? Y N

Human Resources determination in accordance with Administrative Procedure 23-58:

REIMBURSEMENT APPROVED

REIMBURSEMENT NOT APPROVED

Human Resources Signature

Date

Name/Title of Human Resources Reviewer

HR must send copy of this form and documentation to employee, Department, and Finance/Payroll

Amount approved for reimbursement: