

PINAL COUNTY TUITION REIMBURSEMENT PROGRAM APPLICATION

****{Application must be received by Human Resources 30 days prior to the start date of class(es)}****

Employee Name (*Print*): _____

Position: _____ Department: _____ Phone: _____

Mailing Address (*City, State, Zip*): _____

E-Mail Address: _____ Date of Full-Time Employment: _____

Degree/Certification Sought: _____ Amount \$: _____

Educational Institution: _____ Anticipated Completion/Graduation Date: _____

Describe in detail how the course(s) or degree relates to your duties performed: _____

*Semester applying for: Fall _____ Spring _____ Summer _____ * **Note, must reapply each Semester**
(Year) (Year) (Year)

Course Number(s) & Title(s) (Ex: *MAT 100 – Pre-Algebra*) and date each class begins and ends

1 _____ 2 _____

3 _____ 4 _____

I, the undersigned employee, understand that the amount of tuition reimbursement received will be based upon the availability of funds, subject to the limits indicated in the Tuition Reimbursement Program Policy (5.30). I further understand and agree that if I am separated from Pinal County employment for any reason, I will repay the reimbursement to Pinal County according to the terms outlined in this policy and I authorize payroll deduction(s) of the amount.

I certify that I am not receiving tuition aid or reimbursement from any other source(s) (i.e. grants, scholarships, etc.) and, have read and understand the Tuition Reimbursement Program Policy. Failure to disclose other sources of tuition aid or reimbursement to Pinal County Government will constitute the falsification of the tuition application document and will result in forfeiture of any tuition reimbursement received and may impact future eligibility.

Requests for reimbursement must be received by Human Resources thirty (30) days prior to the start of classes and official transcripts and receipts for expenses within thirty (30) days after completion of each course to be eligible.

Employee Signature: _____ Date: _____

Approved By:

Department Director Signature: _____ Date: _____

Department Director (*Print*): _____