



SARPY COUNTY

EDUCATIONAL REIMBURSEMENT APPLICATION FORM

Instructions:

1. Employees must complete this form to obtain pre-approval prior to attending classes.
2. Department Head's signature is required for approval.
3. Submit completed form to Human Resources.

Please refer to respective labor agreement or the Personnel Rule 15, Regulation 1 for maximum reimbursement limits, restrictions, or other provisions that may apply.

EMPLOYEE INFORMATION

Name: _____ Date: _____

Job Title: _____

Department: _____ Phone #: _____

Employee Organization/Bargaining Unit: AFSCME/Local 251 Employee's Association
 FOP Communications FOP Non-Sworn FOP Sworn
 Non-union

Are you eligible for reimbursement under any other aid program (i.e. GI Bill)?
 Yes No If yes, identify program _____

Are you working towards a degree? Yes No
 If yes, select type of degree. Associate's Bachelor's Master's

COURSE INFORMATION

Course Title: _____

Institution Name: _____

Course Start Date: _____ End Date: _____

Describe how course is job related or will improve your job performance _____

EMPLOYEE AUTHORIZATION

I have read and understand Personnel Rule 15: Fringe Benefits, Regulation 1: Educational Reimbursement. I further understand and agree that if I receive tuition reimbursement benefits and voluntarily resign my employment or am dismissed for cause within one year of receipt of any tuition reimbursement benefits, any and all such funds received must be returned by me to the County or I understand that the amount will be deducted from my final paycheck.

Employee Signature _____ Date _____

APPROVALS

Department Head: Approve Deny Signature: _____

Reason: _____

Human Resources: Approve Deny Signature: _____

Reason: _____