



SARPY COUNTY

CERTIFIED PUBLIC MANAGER APPLICATION FORM

Instructions:

1. Employees must complete this form and return to Human Resources.
2. Human Resources will notify applicant of session assignment.
3. Department Head's signature is required for approval.
4. If requesting educational reimbursement, plus attach Educational Reimbursement Form.

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 Acknowledges and Agrees to the Following (all must be checked):

- Employee understands and agrees to pay the University of Omaha the total tuition amount due of \$2,250.00 prior to the start of the class.
- Employee understands and agrees to purchase required books and supplies for the class. Average cost is \$200.00.
- Employee understands and agrees to complete all required sessions of the Certified Public Manager (CPM) program.
- Employee understands and agrees to complete all required application materials for the University of Nebraska-Omaha CPM program as required by UNO once they have been assigned a session.
- Employee understands and agrees to attend all on-site sessions at UNO throughout the program as well as complete the on-line courses that are required throughout the program. On-line courses and homework must be completed during non-working hours and is not compensable.
- Employee understands and agrees that the on-site courses at UNO will be tentatively held Wednesday-Thursday, 8:30 a.m. to 5:00 p.m. Employees who are regularly scheduled during this time will be paid their regular pay. Employees not regularly scheduled to work during this time, will not receive regular pay. Work done outside of class will not be compensable. On average, students spend five to six hours per week on the program outside of class.
- Employee understands and agrees the project that is required to be completed and presented at the end of the CPM program will be for the benefit of Sarpy County.

EMPLOYEE'S STATEMENT

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



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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: _____

Session Assignment: Month _____ Employee Notified Employee Accepted

Employee Declined

Reason for Decline: _____