



# St. Johns County Board of County Commissioners Tuition Reimbursement Application

## Employee Information

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Department: \_\_\_\_\_

## Education

Educational Institution: \_\_\_\_\_  
 Term Start Date: \_\_\_\_\_ Term End Date: \_\_\_\_\_ Major or Field of Study: \_\_\_\_\_

## Completed Course(s)

Course No: _____	Course Title: _____
Credit Hours: _____	Tuition Fee: _____
Course No: _____	Course Title: _____
Credit Hours: _____	Tuition Fee: _____
Course No: _____	Course Title: _____
Credit Hours: _____	Tuition Fee: _____
Course No: _____	Course Title: _____
Credit Hours: _____	Tuition Fee: _____

## Total Reimbursement Request (Max of \$2,000 per fiscal year)

Total Amount of Reimbursement Request: \$ \_\_\_\_\_

Check appropriate box below:

- I have not received any non-refundable financial assistance (scholarships, grants, etc.).
- Amount of non-refundable financial assistance received. \$ \_\_\_\_\_

## Terms and Conditions

Please read each statement below and check the box to the left of each statement to verify your understanding of the rules regarding the Tuition Reimbursement Program. For more information on eligibility and procedures, please refer to the Personnel Section of the Administrative Code or contact Human Resources.

- I certify that I have been employed at full time status for at least one year with St Johns County and that the course work will benefit me in my current position or another County position for which I wish to apply and is needed for the completion of my degree.

- I understand that to be eligible for reimbursement I must submit an appropriate receipt and evidence of successful ("C" or better) course completion to Human Resources no later than 30 days after the completion of the quarter/semester/class or prior to end of the fiscal year in which the application is approved.
- I understand that tuition reimbursement is dependent on available funds. If funds are exhausted or if I have reached the maximum reimbursement amount allowed, this application will be denied and returned.
- In the event that my employment with St. Johns County is terminated, either voluntarily or involuntarily (except in cases of reduction-in-force), I understand that the monies I received during the preceding two (2) year period will be withheld from my final pay. The amount owed to the County will be pro-rated on quarterly increments.
- I also agree to refund any overpayments I receive. Payments made based on deceit, fraud or that include calculation errors are considered overpayments.
- I certify that I have read and understand the above statements and that to the best of my knowledge this application is complete and correct. I further understand that falsifying this application can be grounds for suspension from the Continuing Education Assistance Program or disciplinary action, and could constitute fraud which could result in criminal penalties.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Approval**

Department Director Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed applications to Human Resources  
Email: cbarbosa@sjcfl.us**

**For Completion by Human Resources Only**

Has Employee worked 12 months?  Yes  No      Degree seeking at accredited institution?  Yes  No

Amount Approved: \_\_\_\_\_ Reason: \_\_\_\_\_

If not approved, explain: \_\_\_\_\_

Director or Assistant Director Approval

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Department Files