

LIVINGSTON COUNTY

Employee Tuition Reimbursement

Employee Name: _____ Department: _____

Job Title: _____ Hire Date (regular, full-time): _____

Course Name/Number: _____ Dates of Course: _____

Major Field of Study Related to Your Position _____

School Name/Location: _____

Approximate Cost to County at 50% (attach receipts if possible) _____

The course meets one of the following criteria:

- it is directly job related, as determined by the department head;
- it is preparation of a job related promotion;
- it is required or elective subject mandatory to obtain a diploma, certificate, or undergraduate degree in preparation for advancement to a higher classification in County employment.

I verify that as to the amounts for which I am seeking tuition reimbursement, I am not eligible for education compensation under the Veterans G.I. Bill or other government sponsored programs, i.e. Pell Grant, Michigan Tuition Grant, and any other form of financial aid. I understand and agree that I will be required to make repayment to the County in one lump sum should I voluntarily resign or be discharged from employment within three (3) years following completion of coursework. In the event I do not continue employment for the prescribed period, I understand I will be required to reimburse the County on a prorated basis for tuition reimbursement received as follows: - Return 100% of tuition reimbursement if terminate within 1 year; - Return 67% of tuition reimbursement if terminate within 2 years; and - Return 33% of tuition reimbursement if terminate within 3 years. I hereby authorize the County of Livingston to deduct from my final paycheck(s) from the County any and all tuition reimbursement owing the County. Should my final paycheck(s) be insufficient to cover all tuition reimbursement owed to the County, I agree to promptly repay the County for any remaining balance. I understand the County may take additional action necessary to recover tuition reimbursements consistent with its policy related to the Recovery of Overpayments.

Employee's Signature

Date

Non-Union Tuition Reimbursement Form Cont'd

STEP 1 BEFORE ENROLLMENT-

Prior to enrollment, the employee **must** have the recommendation of the department head/elected official and the approval of the Human Resources Director.

Department's Recommendation:

Human Resources Director's Approval:

Signature

Signature

Date

Date

STEP 2 AFTER COURSE COMPLETION-

A receipt for payment of the tuition for the course listed above and proof of a grade C (or equivalent) or higher must be attached to receive reimbursement by the County.

Amount you are Requesting to be Reimbursed: \$ _____

Course Completion Date: _____

Department Head's Approval:

Human Resources Director's Concurrence:

Signature

Signature

Date

Date