**City of Jacksonville Career Development Program**

**APPLICATION FOR REIMBURSEMENT OF COLLEGE TUITION**

[Please type or print **clearly**]    -    -      DATE OF APPLICATION

     

NAME: LAST FIRST MIDDLE INITIAL

     

POSITION TITLE DEPARTMENT EMAIL ADDRESS (MUST BE COJ OR JSO ADDRESS)

     -     EXT          -    -

WORK ADDRESS OFFICE PHONE EMPLOYMENT DATE

EMPLOYEE ID #       CIVIL SERVICE  EXEMPTED FROM CIVIL SERVICE

I HEREBY SUBMIT THE COURSE DESCRIBED BELOW FOR APPROVAL UNDER THE PROVISIONS OF THE CITY OF JACKSONVILLE’S CAREER DEVELOPMENT PROGRAM:

   -    -         -    -

**EDUCATIONAL INSTITUTION CLASS START DATE END DATE**

           

COURSE # COMPLETE TITLE OF COURSE #CREDIT HOURS

$

Total Tuition cost

THIS COURSE CONSTITUTES PARTIAL REQUIREMENTS FOR THE FOLLOWING DEGREE OR CERTIFICATE (curriculum must be on file with The Employee Services Department):

CERTIFICATE (if applicable)

DEGREE (be specific)

**(TO BE COMPLETED BY THE EMPLOYEE SERVICES DEPARTMENT)**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVED TUITION AMOUNT**  FSCJ RATE  UNF RATE

SPECIFICALLY STATE HOW YOUR PROPOSED COURSE WORK IS JOB-RELATED:

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**I understand that when this application is approved, reimbursement will be granted if I have followed the guidelines of the City of Jacksonville’s Career Development Program and if my grade for this class satisfactorily meets educational standards equal to at least 2.0 out of a 4.0 quality point scale and a grade of C or better by transcript documentation and/or certification of the issuing institution. I understand that a Certificate of Completion and all required documentation must be provided to the Employee Services Department upon completion of the course in order to process the tuition reimbursement payment.**

**It is my intent to remain employed with the City of Jacksonville for at least one year following completion of the approved course work. I will execute a Conditional Repayment Agreement for the amount of reimbursement received. In the event that my employment with the City of Jacksonville terminates within this one-year period, I agree to repay the City of Jacksonville the amount of tuition reimbursement received and will make repayment part of the termination process.**

**I hereby certify that I am not receiving benefits for the above named course(s) under the Provision of Public Law 89-35-A (G.I. Bill), scholarships, or other educational grants that do not require repayment or my G. I. Bill does not cover 100 percent of the tuition cost.**

**I hereby certify that I am not participating in the last two years of the Deferred Retirement Option Program (DROP) plan or the last two years of the Back DROP.**

**I certify that I am seeking reimbursement for my first degree (Associates, Bachelor’s or Master’s) or for a second degree that is closely related to my current job, or a job in the class series and for which I obtained permission from Employee Services to pursue the second degree.**

**I understand that reimbursement is contingent upon budget availability and if the budget has been exhausted by the time I finish my courses, I will not be reimbursed.**

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Employee’s Signature Date

**TO BE COMPLETED BY DEPARTMENT HEAD OR ASSIGNED DESIGNEE**

Employee meets employment eligibility requirements.

* Permanent, full-time Civil Service status – or-
* Exempted from Civil Service System with at least three months of continuous City service before commencement of the course

If seeking a degree, the employee has filed a curriculum.

Please check **one** choice below:

If seeking a degree, this is the employee’s first degree (Associate’s, Bachelor’s or Master’s).

If seeking a second degree that is closely related to employee’s current job, or a job in the class series, the employee obtained permission from Employee Services to pursue the second degree.

This course is job-related (check all that apply).

This course is part of a published degree curriculum, and the degree is related to an existing position within the City of Jacksonville.

This course qualifies for certification pay (class eligible and employee promotionally eligible).

The application for reimbursement is being submitted prior to class commencement.

**It is hereby determined that this employee meets all eligibility requirements as outlined in the Career Development Program Policy. I concur that the course is job-related or meets current and/or anticipated needs of the City of Jacksonville’s workforce.**

APPROVED  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    -    -

SIGNATURE OF DEPARTMENT HEAD OR ASSIGNED DESIGNEE DATE

DISAPPROVED

If disapproved, please provide an explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## TO THE EMPLOYEE AND DEPARTMENT HEAD

**Step 1:** Employee submits completed application to the department for approval prior to the start of the course.

**Step 2:** Department makes the initial determination that the course or program of study is job-related and the employee meets eligibility requirements. Once this application has been approved by the department, email the form for final approval to the tuition reimbursement inbox: **tuition@coj.net**. **Final approval from Employee Services should be complete before the course begins.**

**Step 3:** Employee Services will review the application and notify the department and employee whether the request has been approved or denied.

**Step 4:** Upon successful completion of the course (a grade of “C” or better), the employee submits the following documentation to Employee Services Department no more than 30 days after the final grade is posted:

1. A signed Certificate of Completion and Conditional Repayment Agreement form committing to repay tuition reimbursement (if employee terminates within one year of completing the course)
2. An original transcript or similar document showing course completion with employee’s name, grade and credit hours
3. Original receipt of payment for the course that shows how the tuition was paid

**Step 5:** Employee Services ensures receipt of all required documentation and administers the repayment process.

**TO BE COMPLETED BY THE EMPLOYEE SERVICES DEPARTMENT**

**Approved as submitted**  **Approved with changes**  **Disapproved**

COMMENTS:

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EMPLOYEE SERVICES DEPARTMENT DATE