

**CITY OF ST. AUGUSTINE  
APPLICATION FOR EDUCATIONAL ASSISTANCE**

Please follow these instructions carefully:

1. Submit original and one (1) copy of application to your Department Head - PRIOR to enrollment. Application must be submitted at least fifteen (15) days prior to course starting date.
2. List one (1) course on each application.
3. Upon completion of course, submit copies of your receipt(s) and final course grade to the Human Resources Department through your department within 45 calendar days of completion.
4. Employee agrees that any reimbursed costs must be refunded to the City if employee leaves employment of City within twenty-four (24) months of reimbursement.

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Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

Division: \_\_\_\_\_

Name of School: \_\_\_\_\_

Course Title, Description & Number: \_\_\_\_\_

No. of Credit Hours: \_\_\_\_\_

Class Dates	Requested Amount	Approved By HR/Amount	Reimbursed Date/Amount
Begins: _____	Tuition: _____		
Ends: _____	Books: _____		
	Total: _____		

Are you taking this course for College credit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible for Scholarships, Grants, or Veteran's G.I. Educational Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please disclose amount received \_\_\_\_\_

Benefits to City for taking course: \_\_\_\_\_

6.18 Educational Assistance

I have read, understand and agree to the provisions of the Educational Assistance Program and will submit my final grades and documentation of costs I paid within 45 days of completing the above course. I understand that if I leave the employ of the city within two (2) years of reimbursement, I must refund the total amount reimbursed to the City. In such an event, I also authorize the City to deduct such amounts(s) from my final paycheck or pension refund to the extent permitted by law.

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head assessment of benefit to City:

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Department Head's Signature

\_\_\_\_\_ Date

Approved

Disapproved

\_\_\_\_\_ City Manager Signature

\_\_\_\_\_ Date

Reason for Disapproval:

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Certification of course completion.

I have confirmed that \_\_\_\_\_ has satisfactorily completed the above course, incurred the costs shown and, unless otherwise stated on this form, have not received any scholarship, grant, G.I. benefits or tuition voucher/waiver for this course.

Reimbursement approved by:

\_\_\_\_\_ Human Resources Director

\_\_\_\_\_ Date

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