

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.

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
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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: _____

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:

Department Head's Signature

Date

Approved

Disapproved

City Manager Signature

Date

Reason for Disapproval:

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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