



# Town of Davie Tuition Reimbursement Request

SOP #23-012

(Educational Institution must be accredited by an accreditation agency recognized by the United States Department of Education)

## SECTION I: TO BE COMPLETED BY EMPLOYEE

Non-Represented   
  FOPA (General Employees)   
  FOP   
  IAFF   
  IAFF (Supervisory Unit)

Name		Hire Date
Department/Division	Job Title	Employee ID No.

Name of College/University	Degree Program	Degree Level:
		<input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate

Course(s)		Date of Course(s)			Tuition Cost per Course	Term	Date course(s) will be completed (amount will be deducted from that fiscal year's budgeted amount)
Number	Credits	Title of Course(s)	Begin	End			

Yes  No Have you requested tuition reimbursement this semester or fiscal year?

If yes, list courses/dates:

\_\_\_\_\_

\_\_\_\_\_

Yes  No Have you been on an education subsidy or been awarded a grant/scholarship/ GI Bill?

If yes, please list all awards and amounts:

\_\_\_\_\_

\_\_\_\_\_

Yes  No Course(s) prepare for a promotional opportunity?

Yes  No Course(s) help render better performance at the Town of Davie?

### Acknowledgement of Refund Terms:

My signature certifies that I have read Policy No. 23-012 (Tuition Reimbursements), that I agree that reimbursement is contingent upon my abiding by it [EXCEPT WHERE RESPECTIVE COLLECTIVE BARGAINING AGREEMENT TERMS PREVAIL]; and I acknowledge the following guidelines:

1. Town Administrator or designee shall have sole discretion over the approval of the request. Tuition reimbursement shall be subject to the availability of funds for each benefit group on a first come, first serve basis. If a request is received after it has been determined all available funds have been allotted, they will be placed on a wait list in order of arrival should funds become available at a later time (refer to the policy for wait list procedures). Human Resources' receipt of a request shall not indicate that funding is available.
2. Requests submitted to Department Director/Division Manager shall include a course description(s) and proof of registration for each course to include the net cost of credits at least ten (10) calendar days prior to the start of the course(s) or will be denied. Incomplete requests will be returned.
3. Employees shall notify Human Resources within seven (7) business days if they withdraw from a previously approved course or receive unsatisfactory grades. If not, a future reimbursement request could be denied.
4. Reimbursement shall only be made upon successful completion of the course(s) listed herein. Successful completion shall be defined by the Policy or applicable Collective Bargaining Unit. By or within 15 days of course completion, a final official grade along with the paid receipt (on official school stationery) shall be submitted to the Human Resources Department for processing.
5. Pre-reimbursement: In the event of a voluntarily separation or if terminated for any reason, there shall be no obligation on the part of the Town to reimburse any part of the tuition. Post-reimbursement: voluntary separation or if terminated for any reason, requestor agrees to reimburse the Town directly or by way of deduction from last paycheck for any educational expenses if two (2) years of paid continuous service have not been completed.
6. Any misrepresentation, omission of facts, and/or alteration of documents as a result of tuition reimbursement will null this request and/or approval and shall constitute sufficient cause for disciplinary action.

Employee Signature	Date
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**SECTION II: TO BE COMPLETED BY DEPARTMENT DIRECTOR/DIVISION MANAGER**

- Yes  No **IF APPLICABLE**, does department have budgeted funds to pay for this tuition reimbursement?  
If **yes**, list Department's GL/account number: \_\_\_\_\_
- Yes  No Does Department Director/Division Manager approve request to be moved to next approval level?  
(MUST SUBMIT AS SOON AS POSSIBLE TO HUMAN RESOURCES DEPARTMENT.)
- If request is not approved by Department Director/Division Manager, please state reason:
  - Coursework does not prepare for a promotional opportunity.
  - Coursework does not help render better performance at the Town of Davie.
  - Department does not have budgeted funds to pay for this tuition reimbursement.
  - Other reason: \_\_\_\_\_

Department Director/Division Manager's Signature

Date

**SECTION III: TO BE COMPLETED BY HUMAN RESOURCES**

- Yes  No Did Human Resources receive a fully completed/approved Tuition Reimbursement Request?
  - Yes  No Did Human Resources receive Tuition Reimbursement Request on time?
  - Yes  No Did Human Resources receive the course(s) description(s) and registration?
  - Yes  No Has employee reached the maximum of \$3,500 per FY?
  - Yes  No Has employee passed one (1) year probation? (REGULAR STATUS REQUIRED ON DATE OF REQUEST.)
  - Yes  No Does Human Resources Director approve request to be moved to next level?
  - Yes  No Is funding available?
  - Yes  No Is the Educational Institution accredited by an accreditation agency recognized by the United States Department of Education?
  - Yes  No Correct GL/Account No. listed above? If no, \_\_\_\_\_
- Eligible amount of reimbursement per Policy/CBA (i.e. 80%/100%): \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Approved for Wait List - Wait List Rank#:** \_\_\_\_\_ (DOES NOT APPLY TO IAFF).  
 Funding has already been allotted on a first come, first serve basis. This reimbursement is now contingent upon funds becoming available due to incomplete coursework or unsatisfactory course grade. Therefore, this does not guarantee payment/reimbursement.

**If request is not approved by Human Resources Director, please check all boxes that apply:**

- Incomplete form/Missing documents: \_\_\_\_\_
- Request not received on time or was submitted after course started.
- Employee has reached the maximum of \$3,500 per FY.
- Employee is not Full-Time and/or has not passed initial probationary period (promotional probationary shall not be affected).
- Comments: \_\_\_\_\_

Human Resources Director's Signature

Date

**SECTION V: TO BE COMPLETED BY TOWN ADMINISTRATOR OR DESIGNEE**

- Approved  Denied
- Comments: \_\_\_\_\_

Town Administrator's Signature

Date

**SECTION VI: FOR HR USE ONLY (POST-COURSEWORK)**

- |   |   |              |
|---|---|--------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of payment attached? | <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of grade attached? | Final Grade: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Approved for payment?      | Approved Amount:  |              |

Human Resources Director's Signature

Date