



# CITY OF ROUND ROCK

## EDUCATION ASSISTANCE / REIMBURSEMENT APPLICATION

### THIS SECTION TO BE COMPLETED BY EMPLOYEE:

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

Dept. \_\_\_\_\_

IN ACCORDANCE WITH CITY POLICY, I HAVE ATTACHED A COPY OF MY DEGREE. **( YES / NO )**  
 IF NO, THE COPY OF MY DEGREE PLAN IS CURRENTLY ON FILE IN THE HR OFFICE. **( YES / NO )**

**I AM GOING TO ENROLL IN THE FOLLOWING PROGRAM OF STUDY:** (ALL APPLICATIONS FOR EDUCATION ASSISTANCE **MUST** BE COMPLETED AND SUBMITTED PRIOR TO THE START OF SEMESTER.)

Course: \_\_\_\_\_

School: \_\_\_\_\_

Course Start Date: \_\_\_\_\_

Semester:(CIRCLE ONE)                      Fall                      Spring                      Summer

Amount of reimbursement / advance requested:                      \$ \_\_\_\_\_

*I am making application for tuition assistance / reimbursement consistent with the city's policy on Education Assistance/Reimbursement Program as outlined in the CORR Policy Manual.*

*I have successfully completed my new employee six month probationary period.*

*I am **NOT** currently on disciplinary probation or suspension.*

\_\_\_\_\_ (Initial)                      \_\_\_\_\_ (Date)

### Reimbursement – This section to be used for reimbursement of after course is complete.

I, \_\_\_\_\_, acknowledge that the City of Round Rock has provided financial assistance in the amount of \_\_\_\_\_ for continuing education under the City's education assistance program. I agree and acknowledge that this assistance is conditional upon my continued employment with the City of Round Rock for a minimum of two years from the start of classes pertaining to this reimbursement.

**Acknowledgement at Time of Application:** \_\_\_\_\_ (Initial) \_\_\_\_\_ (Date)

### Advanced – Texas State University and Austin Community College ONLY.

I, \_\_\_\_\_, acknowledge that the City of Round Rock is providing a financial assistance advance of funds in the amount of \_\_\_\_\_ for continuing education under the City's education assistance program. I acknowledge that upon completion, I am required to provide to Human Resources, proof of course completion with the required grade report. In the event that I do not provide this documentation or I do not meet the minimum grade standards, the City is hereby authorized to withhold the appropriate amount of advanced funds from my paycheck. I further agree and acknowledge that this assistance is conditional upon my continued employment with the City of Round Rock for a minimum of two years from the start of classes pertaining to this reimbursement.

**Acknowledgement at Time of Application:** \_\_\_\_\_ (Initial) \_\_\_\_\_ (Date)

**Additional Acknowledgements**

1. I further agree and acknowledge that in the event that I resign employment or are terminated for poor performance or misconduct prior to the two year requirement, I will be responsible for full reimbursement to the City of Round Rock. The City of Round Rock is hereby authorized to withhold these funds from my final paycheck upon termination of employment. In the event that the final paycheck will not cover full reimbursement, I agree to reimburse the City based upon an agreed repayment schedule.
2. I fully understand that the City will cancel the Education Assistance/Reimbursement Program Agreement and I will be required to repay all funds received from the City if I fail to comply with one or more terms of this Agreement.
3. The City will notify appropriate credit reporting agencies if I fail to repay any funds or fail to comply with an established repayment plan.
4. I give permission to the City to release my social security number and other identifying information to credit bureaus or other agencies if I default on my obligations to the City.
5. I understand that if the reimbursement or advancement is for undergraduate or graduate level courses, this income may have certain income tax ramifications. **Please consult your tax advisor for guidance based on your personal tax situation.**

<b>Employee Acknowledgement</b>	<b>Date</b>
City of Round Rock, Human Resources	Date

**THIS SECTION TO BE COMPLETED BY SUPERVISOR:**

<input type="checkbox"/>	I recommend approval of this application
<input type="checkbox"/>	I <u>do not</u> recommend approval of this application for the following reason(s):
<b>SUPERVISOR'S SIGNATURE:</b>	<b>DATE:</b>

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

Application <u>approved</u> , meets eligibility requirements
Application <u>denied</u> <input type="checkbox"/> REASON:
<b>HR REPRESENTATIVE SIGNATURE:</b>
<b>DATE:</b>

<b>COMPLETE CHECK REQUEST</b>		
EMPLOYEE NAME	<b>ACCOUNT NUMBER</b>	5133-100-24000
ADDRESS	<b>Amount</b>	\$ _____
CITY, STATE, ZIP		
<b>CHECK LIST (HR Use)</b>	Grade report meets eligibility <input type="checkbox"/>	Course start date verified <input type="checkbox"/>
		Copy of fee statement <input type="checkbox"/>