



# CITY OF ROUND ROCK

## TUITION ASSISTANCE APPLICATION

### TO BE COMPLETED BY EMPLOYEE:

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

In accordance with City policy, I have attached a copy of my degree: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, a copy of my degree plan is currently on file with Human Resources: \_\_\_\_\_ Yes \_\_\_\_\_ No

I am enrolling in the following program of study (**all applications for tuition assistance must be completed and submitted to Human Resources prior to the start of the course/semester**):

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

Course(s): \_\_\_\_\_

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

Semester (check one): \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Self-pace

Amount of reimbursement/sponsorship requested (not to exceed \$3,500 per fiscal year): \$\_\_\_\_\_

**Acknowledgement:** *I am applying for tuition assistance consistent with the City's Tuition Assistance policy as outlined in the CORR Policy Manual. I have successfully completed my new employee six month probationary period and I am NOT currently on disciplinary probation or suspension.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### **Reimbursement: This section is for reimbursement after course completion.**

*I, \_\_\_\_\_, acknowledge that the City of Round Rock has provided financial assistance in the amount of \_\_\_\_\_ for continuing education under the City's tuition 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.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### **Sponsorship – Texas State University and Austin Community College ONLY.**

*I, \_\_\_\_\_, acknowledge that the City of Round Rock is providing sponsorship in the amount of \_\_\_\_\_ for continuing education under the City's tuition 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 sponsorship 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.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Additional Acknowledgements:**

1. I further agree and acknowledge that in the event that I resign or retire 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 Tuition Assistance 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 sponsorship 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.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY SUPERVISOR:**

\_\_\_\_\_ I recommend approval of this application.

\_\_\_\_\_ I **do not** recommend approval of this application for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**PLEASE RETURN YOUR COMPLETED TUITION ASSISTANCE APPLICATION TO:**

Tyler Jarl, Benefits Manager  
Email: [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)  
Fax: 512-218-6616

**TO BE COMPLETED BY HUMAN RESOURCES:**

\_\_\_\_\_ Application is approved (eligibility requirements have been met)

\_\_\_\_\_ Application is denied for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date