



# 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: \_\_\_\_\_

Student ID#: \_\_\_\_\_

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

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

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

Amount of reimbursement/sponsorship requested (not to exceed \$5,000 per fiscal year for full-time employees and not to exceed \$2,500 per fiscal year for part-time employees): \$ \_\_\_\_\_

**Acknowledgements:** *I am applying for tuition assistance consistent with the City's Tuition Assistance policy as outlined in the CORR Policy Manual.*

1. I have successfully completed my new employee six month probationary period and I am NOT currently on disciplinary probation or suspension.
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.

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