

Payment Procedures – Tuition Reimbursement

General Information

To apply to participate in the Franklin County Board of Commissioner's Tuition Reimbursement program, be sure to read carefully:

- your copy of the Tuition Reimbursement Policy in the Employee Handbook
- the Frequently Asked Questions
- Procedures information in this packet

The completed **Application for Tuition Reimbursement** form is to be submitted before classes start, but definitely within the term of the course. A completed **Payment Request for Tuition Reimbursement** form and completed **Employee Reimbursement Request** form must be submitted, along with all other information required for that request, within four (4) weeks of the course ending. Bargaining employees are governed by the provisions of their collective bargaining agreements.

Note: No employee on an unpaid leave of absence, unauthorized leave of absence, or injury leave is eligible.

Reimbursement Procedures

1. **Satisfactory Completion**

The employee has successfully completed a course if the employee earned a grade of 'C' or better or a 'pass', for a course offered on a pass/fail basis.

Upon satisfactory completion of the course(s) for which tuition reimbursement was approved, or within four (4) weeks of the time the course(s) is/are completed, the tuition reimbursement process can be continued.

2. **Requesting Reimbursement**

Send the following forms and information to the **Assigned Administrative Assistant** :

- a. Completed **Payment Request for Tuition Reimbursement** form, with your agency/department director's signature on that form authorizing payment to you.
- b. Completed **Employee Reimbursement Request** form, authorized by your supervisor or director (this form, from the auditor's office, replaces the EMPLOYEE EXPENSE REPORT form used previously. Using the "old" form may delay your receiving the requested reimbursement)
- c. **Official grade transcript** (of "C" or better, or "Pass" on a Pass/Fail course from the educational institution)
- d. **Detailed Paid Fee Statement** from Educational Institution identifying the fees paid and the method of payment used to pay the fees (e.g. student loans, grants, scholarships, etc.)

3. **Payment**

Once the Department of Human Resources has signed the form authorizing the request, you'll receive that information and your agency will be notified to finalize the reimbursement processing. Be sure to allow at least six (6) to eight (8) weeks after the forms just mentioned, grade(s), and fee statement have been submitted to receive payment. The approved and authorized amount will be included in a regular, bi-weekly pay, however, is noted separately.

NOTE: As you sign this employee reimbursement request form you are once again acknowledging that if you resign, retire or are separated for a reason other than job abolishment or layoff, you will repay the tuition reimbursement paid by the County for courses completed less than one (1) year prior to the date of separation.

Further Information

If you have questions or for further information about tuition reimbursement, contact: Stephanie Hunter, Administrative Assistant, at 614-525-5834 or email slhunter@franklincountyohio.gov.

Payment Application – Tuition Reimbursement

Employee Information

Name: _____ Employee #: _____

E-mail: _____ Work Phone: _____

School Name: _____

Degree (or Program/Certificate) Completed This Quarter: Y ☐ N ☐

Course Information

Course # & Department	Course Name	# Credit Hours	Grade

Cost Per Credit: \$ _____ x Total Credits: _____ = Total Cost: \$ _____.

I have received grants or scholarships: Yes ☐ No ☐ If Yes, what amount: \$ _____.

Amount of Tuition Reimbursement Requested: \$ _____

Disclaimer

- I understand tuition reimbursement **only** covers instructional fees, it does not cover books, transportation, lab fees, or any other expenses.
- I understand that tuition reimbursement will initially be made at my expense and that **I will be reimbursed if I complete the course with a C or better** (or “Pass” on a Pass/Fail course).
- I understand that I am not eligible if I am in an unpaid leave of absence, unauthorized leave of absence or on injury leave.
- I understand that if I resign, retire, or am separated for a reason other than job abolishment or layoff, I must repay the tuition reimbursement paid by the County for courses completed less than **one (1) year** prior to the date of separation.

I understand & accept this disclaimer: _____ .
Employee Signature Date

Approval/Signatures

Approving this reimbursement, I agree that the employee meets all criteria listed in the disclaimer above.

Approve ☐ _____ .
Deny ☐ Supervisor Signature Date

Approve ☐ _____ .
Deny ☐ Agency/Department Director Signature Date

Approve ☐ _____ .
Deny ☐ Human Resources Signature Date

Amount of Tuition Reimbursement **Authorized:** \$ _____

Denial Reason: _____

Documents to attach **with payment request:**

1. Employee Reimbursement Request Form (page 2)
 2. Official Transcript of Grade(s)
 3. Detailed Paid Fee Statement from Educational Institution*
- * should identify the fees paid and the method of payment used (e.g. student loans, grants, scholarships, etc)

