

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 <u>Application for Tuition Reimbursement</u> form is to be submitted before classes start, but definitely within the term of the course. A completed <u>Payment Request for Tuition Reimbursement</u> form and completed <u>Employee Reimbursement Request</u> 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 previsions 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 <u>Payment Request for Tuition Reimbursement</u> form, with your agency/department director's signature on that form authorizing payment to you.
- Completed <u>Employee Reimbursement Request</u> 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 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 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 amour	nt: \$					
Amount of Tuition Reimbursement Requested: \$								
Disclaimer	and tuition reimbursement only covers instructional fees,							
 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 & ac	ccept this disclaimer: Employee Signature	 Da	 Date					
Approval/Signatures								
Approving this rei	mbursement, I agree that the employee meets all criteria	listed in the disclaime	er above.					
Approve Deny Deny	Supervisor Signature	D	ate					
Approve Deny	Agency/Department Director Signature	D	ate					
Approve Deny Deny	Human Resources Signature	D	ate					
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)



EMPLOYEE REIMBURSEMENT REQUEST

Updated 10/2015

ALL PERTINENT DOCUMENTATION MUST BE ATTACHED SUCH AS AUTHORIZATION TO TRAVEL FORM, ITEMIZED RECEIPTS, DETAILED INVOICES, CONFERENCE BROCHURE, MAPQUEST OR GOOGLE MAP TO DOCUMENT MILEAGE, GSA PER DIEM RATES FOR DESTINATION CITY, OR GRADE REPORT FOR TUITION REIMBURSEMENT.

MUNIS Employee #:			Employee Name:			
Purchase Order #: Destination:			Purpose:	Employee Tuitio	n Reimbu	ırsement
Travel Dates	From:	To:				
	TO BE	COMPLETED BY I Completed by Employee	EMPLOYEE AND AG	Completed by Authorized Personnel	OVER.	
		Receipt Amounts OR Per Diem		Eligible for Reimbursement	Difference	Reason for Difference/Explanation for Other Expense
Registration Fee						
Travel	Airfare Mileage Baggage Ground Transportation Car Rental Gas for Rental Car Airport Parking Total Travel	\$0.00				
Lodging (Rate x Nights)						
Meals per Day						
Date	Breakfast Lunch Dinner					
Date	Daily Total Breakfast Lunch Dinner					
Date	Daily Total Breakfast Lunch Dinner					
Date	Daily Total Breakfast Lunch Dinner	<u> </u>				
Date	Daily Total Breakfast Lunch Dinner Daily Total					
Other Expenses (list individ	Meals Total ually & explain purpose)	\$0.00				
	۸ –					
		nbursemen 	t			
Grand Total		\$0.00		\$		
EMPLOYEE S *Your signature certifies that th		 st were incurred ar	DATE nd are claimed in acco	- rdance with your agency's r	reimbursemen	t policies.

AUTHORIZED BY**

**Your signature certifies that you have reviewed the expenses listed on this request for reasonableness, proper public purpose, and compliance with your agency's reimbursement policies.