

**Sarpy County
Board of Commissioners**

**EDUCATIONAL REIMBURSEMENT
APPLICATION FORM**

SUBMIT COMPLETED APPLICATION IN DUPLICATE FOR APPROVAL PRIOR TO ENROLLMENT IN COURSE

| | | | |
|----------------------------|--------------------------|-----------------------------|--|
| Name: | | Date: | |
| Position: | Division: | Department: | |
| Title of Course: | | Name of Institution: | |
| Date Course Begins: | Date Course Ends: | Estimated Cost: | |

Explain how you believe this course relates directly or indirectly to the improvement of your performance as an employee. (Please enclose a pre-printed course description).

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EDUCATIONAL BACKGROUND:

| Educational Institutions | Name & Address of Institutions | Major Course of Studies | Circle Last Year Completed | Graduated? | Last Year Attended |
|---------------------------------|---|--------------------------------|-----------------------------------|--|---------------------------|
| High School | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Are you eligible for reimbursement under any other aid program (i.e., G.I. Bill)? Yes No

If yes, please describe:

Are you presently working toward a Degree? Yes No Bachelor Advanced

What other educational programs have you completed?

ACTION BY:

| | | |
|--------------------------------------|---|-------------------|
| OFFICIAL/DEPARTMENT HEAD | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | Signature: |
| PERSONNEL | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | Signature: |
| If DISAPPROVED state reasons: | | |
| | | |

AFTER COURSE APPROVAL, COMPLETION & ACHIEVEMENT OF "C" OR BETTER, PLEASE COMPLETE THIS BOTTOM PORTION. SEND TO PERSONNEL DEPARTMENT.

I have completed the above course as per the attached certificate. I am still a full-time employee of Sarpy County, and request that the tuition fee be refunded to me in accordance with the EDUCATIONAL REIMBURSEMENT POLICY. A copy of my grades, book receipts, and tuition receipts are attached.

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| Employee (Print Name): | Employee Signature: | Date: |
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SARPY COUNTY BOARD OF COMMISSIONERS

STATEMENT OF UNDERSTANDING

I have read and understand the Educational Reimbursement policy for employees of the Sarpy County Board of Commissioners.
I am submitting herewith my application for tuition reimbursement.

I understand and agree that if I receive tuition reimbursement benefits and voluntarily resign my employment with the Sarpy County Board of Commissioners or I am dismissed for cause by the County within one year of receipt of any tuition reimbursement benefits, any and all such funds received must be returned by me to the County or I understand that the amount will be deducted from my final paycheck.

Employee Signature

Date

Employee Department Head or Official

Date