

URBANA PARK DISTRICT

Tuition Reimbursement /Tuition Payment Form

In accordance with the Urbana Park District Continuing Education Policy (Training, Development, and Business Travel section of Personnel Policy), you must complete this Tuition Reimbursement/Payment Form and obtain approval for the tuition costs of all course work for which you are seeking reimbursement. Eligible courses must be directly and substantially related to improving your productivity in your current job and must be in an accredited school or program. Tuition, fees, and books approved will be for a maximum of \$1,200.00 per year. There is a limit of two classes per year. Please talk with your department head by January 30<sup>th</sup> of each year to notify them of possible tuition reimbursement requests. This will allow your department to plan for the following fiscal year (May 1<sup>st</sup> - April 30<sup>th</sup>). Tuition reimbursement requests will be approved based upon available funding.

NAME: \_\_\_\_\_ Department/Position: \_\_\_\_\_

College/University: \_\_\_\_\_ Location: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_

Is this part of a degree/certificate objective? If so, what is your degree/certificate objective?

\_\_\_ No \_\_\_ Yes Subject/Major \_\_\_\_\_

Please explain the value of this training in contributing to the Park District’s mission and how it relates to your current position or to career development. (Attach separate page if needed)

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

Class start time: \_\_\_\_\_ Class end time: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

If you accept tuition reimbursement, you agree to the following:

*Evidence of the successful completion of an average (C) or better grade must be submitted at the completion of the course to the Human Resources Coordinator. If an employee does not complete the course, the employee must reimburse the district for the full amount of books and tuition. If an employee is separated from the District within 12 months following course completion, the employee will be required to reimburse the District for the total cost.*

By signing below, you acknowledge receipt of a copy of this form and that you agree to the terms listed herein:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director’s Approval: \_\_\_\_\_ Date: \_\_\_\_\_