



Flagler County Tuition Reimbursement Application

Employee Name _____

Address, City, State ZIP _____

Home Phone: _____ Work Phone _____

Job Title / Date of Hire _____ Date of Hire _____

Department _____

Name of Education Institution _____

Educational Objective _____

Title of Course(s)* Requested	Number of Credit Hours	Total Tuition Cost

- Non-Degree
- 2-Year Degree
- 4-Year Degree
- Graduate

**May request reimbursement for 2 courses per semester*

Registration Date: _____ Date Course(s) begin: _____ Date Course(s) end: _____

** Thirty (30) days prior to the registration for a course(s) in order to ensure prior approval or rejection of such applications.*

Describe how the course(s) requested will benefit you and Flagler County:

It is my intent at this time to remain in the employ of Flagler County for at least three years following completion of the approved course work. In the event that I should resign, retire, or am terminated within the three year period, I agree to reimburse the County for the Tuition benefits applicable to course(s) completed during such period.

Signature: _____ Date: _____

- Recommend tuition reimbursement
- Do not recommend that this application be approved for tuition reimbursement.

Department/Division Head Signature Date

Human Resources Director Signature Date

Note: In order for application to be approved please include with it the course description and proof of the college's accreditation. Application must be signed by employee and Department/Division Head.
 For reimbursement, you must submit copies of certificate/grade sheet indicating a grade of A, B, C, or S. (Pass/Fail courses) and receipts of payment.
 It is the employees responsibility to inform Human Resources of any changes to the application including but not limited to withdrawing from class(es), change of class date(s).