  
City of Roswell

Education Assistance Agreement & Request Form

***(Please print or type)***

**Prior to Course(s) Enrollment**:

* Review the City of Roswell Education Assistance Policy
* Complete the Education Assistance Request Form below and obtain supervisor’s and department head’s approval and signatures *at least two weeks prior to course begin date*.
* Keep a copy of this form and forward the original to the HR Office for final approval.

# After Course(s) Completion

* Attach evidence of satisfactory course completion (minimum grade of C or equivalent for undergraduate course and B or equivalent for graduate course), an itemized statement of reimbursable tuition for which you are requesting reimbursement.
* Forward the approved and completed form along with supporting documents within 90 days of course completion to the Human Resources Office. Keep a copy of the approved and completed form and all supporting documents.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name | **Department** | | Cost Center | | | Date of Hire | | |
| Name of School | | | Are you seeking a degree? **\_\_ \_\_\_\_ Yes \_\_\_ \_\_\_\_ No** | | | | | |
| Type of Degree/Major | | | Number of Credits inDegree Program | | | | Credits Completed to Date | |
| Term Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Month) (Day) (Year) (Month) (Day) (Year)** | | | | | | | | |
| **Title of Course(s**) | | No. of Credits | | **Cost per Credit** | | | | TotalCost |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | | TOTAL | | | | | |  |
| Will any part of the cost be covered by another source (e.g., scholarship, grant, G.I. benefits)? □ No □ Yes **If yes, state specifically the source (e.g., Pell Grant, HOPE Grant, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State specifically what is covered and the amount \_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| In consideration of eligibility for reimbursement of tuition expenses associated with my employment with City of Roswell, I hereby agree to the terms of this Education Assistance Agreement. Pursuant to the terms of, **I agree to reimburse the City of Roswell if I voluntarily terminate employment or voluntarily transfer to a less than full-time position within twelve (12) months after the last reimbursement or after attainment of a degree for all monies paid under this plan**. I request and agree that any amount owed by me to City of Roswell as a result of this Agreement will be deducted and offset against any payments, including but not limited to payments for wages, bonuses, expenses, or vacation pay, otherwise owed to me upon my termination of employment, to the extent permitted by law. I further agree that if these deductions are insufficient to reimburse the City of Roswell for the full balance due, I will be obligated to pay the remaining balance on my last date of employment with the City of Roswell. I understand the Agreement is legally binding on me. I have carefully reviewed the contents of this Agreement and, with a full and complete understanding of its terms, voluntarily accept all of its terms and conditions. I have been given a full and fair opportunity to discuss this matter with my attorney or advisor of my choice. | | | | | | | | |
| Employee Signature | | | | | Date | | | |
| Supervisor’s Signature | | | | | Date | | | |
| Department Head Signature | | | | | Date | | | |
| Director of Human Resources Signature | | | | | Date | | | |

Do Not Write Below This Line, For HR and Accounting Use Only

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| --- | --- | --- |
| **HR/City Administrator’s Approval to Pay:** | | **Date:** |
| **Cost Center:** | **Account Number*: Rev****i****sed 08/21/2020*** | |