

# Yuma County

## Tuition Reimbursement Agreement and Application Form

Reimbursement Agreement and Application Form and obtain the approval of your Agency Head for the tuition costs of all course work for which you are seeking reimbursement. This form must be submitted prior to beginning your classes so that funds may be held for reimbursement. Late submissions are considered only if funds are available. Information on the Tuition Reimbursement Policy is also available on-line at <http://www.yumacountyaz.gov>

You understand that submission of this form does not guarantee tuition reimbursement of up to \$1,200.00 (*\$1,200 for January through June or \$1,200 for July through December*) and that any reimbursement is subject to appropriation limits described in PR-419. You are responsible for full payment of all tuition to the institution or course provider.

I have registered for the following courses for which I am requesting reimbursement for up to \$1,200.00.

**Please check-mark the months of the calendar year that the reimbursement applies.**

- January through June*  
 *July through December*

I understand that I must submit verification that I have completed the class(es) at the end of the semester. The classes are as follows:

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

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

Does this class(es) complete your Degree or Certificate?  Yes  No

What type of Degree or Certification did you complete? \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Amount Tuition Paid: \$ \_\_\_\_\_

Amount of Books and Fees Paid: \$ \_\_\_\_\_

My signature below confirms that I have read and understand PR-419 requirements and hereby apply for tuition reimbursement. I also understand that this Tuition Reimbursement Agreement and Application does not create a contract of employment between me and Yuma County. Either party may terminate the employment relationship at any time with or without cause.

Employee (Print) Name: \_\_\_\_\_ Department: \_\_\_\_\_

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

**Approval:**

Agency Head (Print) Name: \_\_\_\_\_ Department: \_\_\_\_\_

Agency Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

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