



**CITY OF CHESAPEAKE
PROGRAM APPLICATION FOR TUITION REIMBURSEMENT**

DEGREE/SKILLS DEVELOPMENT PROGRAM

For complete details of the Tuition and Skills Development Reimbursement Policy, please refer to Administrative Regulation 2.24. This document can be retrieved from CityPoint as well as at www.cityofchesapeake.net. Failure to comply with all application requirements may result in disqualification from the program.

| | | | |
|---|---|--|--|
| GENERAL INFORMATION | | Please print or type | |
| Employee Name (Last, First MI): Click here to enter text. | | Employee #: Click here to enter text. | |
| Position Title: Click here to enter text. | FT <input type="checkbox"/> PT <input type="checkbox"/> | Department/Division: Click here to enter text. | Supervisor: Click here to enter text. |
| E-mail address: Click here to enter text. | | Daytime phone #: Click here to enter text. | |
| Date of Employment: Click here to enter text. | | Are you in a probationary Status to include an extension? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Please indicate your overall performance rating from your most recent performance evaluation: Click here to enter text. | | | |

| | | | | |
|---|--|---|---|---|
| ACADEMIC INFORMATION | | | | |
| Check one: <input type="checkbox"/> GED <input type="checkbox"/> Certificate/License <input type="checkbox"/> Degree | Indicate Certification/License being sought: Click here to enter text. | | | |
| Name of Program or School: Click here to enter text. | Degree (Example: B.S.): Click here to enter text. | | | |
| Major (Example: Business Management): Click here to enter text. | Accepted as a student? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Number of Credits Completed: Click here to enter text. | Number of Credits Remaining: Click here to enter text. | | | |
| Expected Date of Degree/Skill Development Completion: Click here to enter a date. | | | | |
| Course Title (one course per application) | Credits | Course Start Date | Course End Date | Cost of Tuition* |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Please state your reason(s) for pursuing this degree or skills development program: Click here to enter text. | | | | |

***Cost of Tuition does not include fees, books or any costs other than tuition**

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FINANCIAL INFORMATION

| | | | |
|--|--|---|-----------------------------|
| Will you receive funds from any source other than the City of Chesapeake? (check one) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, are these funds earmarked for a specific purpose? (check one) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, for what purpose? Tuition <input type="checkbox"/> Books <input type="checkbox"/> Fees <input type="checkbox"/> (please check all that apply) | | | |
| If you answered yes to the previous question, name the institution and type of funds (i.e. loan, scholarship, grant): Click here to enter text. | | Amount: Click here to enter text. | |

Terms and Conditions

I have read and understand the rules governing the Tuition and Skills Development Reimbursement Policy. I acknowledge that the information that has been provided on this application is accurate and complete.

In the event an employee separates from the City for any reason, other than a Reduction in Force (RIF) or serious personal injury or illness to the employee or member of the immediate family or death of the employee within one (1) year of receiving tuition reimbursement, the employee is responsible for the repayment of the reimbursement as outlined in the table below:

I understand and agree that if I voluntarily or involuntarily separate employment from the City for any reason within one (1) year of reimbursement, other than a Reduction in Force (RIF); my serious injury, illness or death; or the serious illness or injury of my immediate family member, I am responsible for repayment of funds reimbursed to me as prescribed below:

| <u>Separation Date</u> | <u>Repayment Amount</u> |
|--|-------------------------|
| 1-90 calendar days of reimbursement from the City | 100% |
| 91-180 calendar days of reimbursement from the City | 75% |
| 181-270 calendar days of reimbursement from the City | 50% |
| 271-365 calendar days of reimbursement from the City | 25% |
| 365 + calendar days of reimbursement from the City | 0% |

I agree that repayment up to the full amount due will be withheld from my leave payout check, if any. If my leave payout is not sufficient to repay the City, I agree to reimburse the City within forty-five (45) calendar days of my voluntary or involuntary separation from employment. If repayment is not made to the City within forty-five (45) calendar days, I understand that the City will pursue collection in the same manner and by the same means that the collection of other City debts is handled. **I understand that failure to repay the amount owed may affect my rehire eligibility status.**

Employee's Signature **Date**

___ Approved ___ Disapproved: *Reason* _____

Supervisor's Signature **Date**

___ Approved ___ Disapproved: *Reason* _____

Department/Office Head's Signature **Date**

Please submit completed, signed originals to Human Resources

TUITION REIMBURSEMENT PROGRAM COORDINATOR ONLY – Do Not Write Below This Line

- This application is approved for \$_____ in tuition reimbursement for the course above.

- This application for funding is **disapproved**. *Reason(s) listed below:*
 - Employee does not have a satisfactory performance rating
 - Employee has not worked 2080 hours
 - Funding is depleted for current fiscal year
 - Wait Listed
 - Other