Employee Agreement and Request for Approval of Tuition Reimbursement for Course or Degree Program

Employee Instructions: In the space provided below, detail your request (attach additional pages if needed). Following the completion of this form, present it to your department director.

Employee Name:_____ Employee Department: _____

Name and address of institution: _____

Course or Degree Program Name: _____ (Attach university or college course catalog)

Enrollment Dates: From: _____ To:_____

Description of the course or degree program including an explanation of the beneficial relationship of the course to the performance of the employee's duties, as well as to your employment at the City of Crystal Lake (use additional pages if necessary):

_____

_____

_____

The undersigned acknowledges that attendance at the above referenced course or degree program, will not be pursued during work hours, is purely voluntary, and at the request of the undersigned. The undersigned further acknowledges that the hours spent in attending such educational program shall not constitute hours worked for the purpose of calculating compensation due the employee even if the courses are job related.

_____ _____

Employee Signature **Date**

Approval:

_____ _____

DATE **DEPARTMENT DIRECTOR**

_____ _____

DATE **HUMAN RESOURCES**

_____ _____

DATE **CITY MANAGER**

Statement of Educational Expenses

*Attach to "Agreement for Repayment of Educational Expenses" between the City of Crystal Lake and*_____*dated*_____.

1. **Name of Course:**_____

2. **Name of School:**_____

3. **School Named Above is a: Private:**_____ **Public:**_____ **Institution**

4. **Dates of Course Being Taken: From:**_____**To:**_____

5. **Type and Amount of Educational Expense:**

   a. **Tuition** $_____

   b. ***Less (financial aid):** $ -_____

   TOTAL $_____

6. **Date Course Completed:**_____

7. **Course is part of a degree program I was originally authorized to pursue beginning with the Fall/Winter/Spring/Summer Semester (circle correct choice) of _____year.**

8. **Attach all receipts and proof of course grade. Reimbursement shall be determined based the following grade schedule:**

Grade	Reimbursement
A	100%
B	75%
C	50%
D or less	0%

*For pass/fail classes, the City shall pay 100% for "Pass" and 0% for "Fail". If employee chooses a pass/fail option when the course may be taken for a grade, the City shall pay 50% for "Pass" and 0% for "Fail".

*The acceptance of reimbursement by the employee acknowledges that the employee has not received payment from any other financial assistance program, not including student loans. If other financial assistance is available to the employee, the City will reimburse only the remaining eligible expense. Reimbursement above a specific annual amount established by the IRS will be included in your taxable income.

When class is complete: Submit this form with a Pre- Issue Request form for Reimbursement

Approval:

_____ _____

DATE **DEPARTMENT DIRECTOR**

_____ _____

DATE **HUMAN RESOURCES**

_____ _____

DATE **CITY MANAGER**

Agreement for Repayment of Educational Expenses

The undersigned employee _____ of the City of Crystal Lake understands, acknowledges and expressly agrees to the following terms as a condition of this request for the City's payment of voluntary education expenses.

1. Employee has read the City's Tuition Reimbursement Directive including the Section therein providing for reimbursement of certain educational payments to the City under certain conditions.

2. In accordance the City's Tuition Reimbursement Directive and for the purpose of obtaining reimbursement pursuant thereto, Employee herewith represents and certifies that he/she, _____ is an employee of the City qualified for reimbursement pursuant to the aforementioned policy, having satisfied all of the conditions and obligations as set forth therein, the text of which is expressly made a part hereof and incorporated by reference as if fully set forth herein.

3. Employee understands that by accepting reimbursement for the educational expenses as herein set forth, employee has agreed and is obligated to pay back to the City of all amounts received or reimbursed for courses completed within the **two** years prior to Employee's termination or cessation of employment for any reason whatsoever, voluntary or involuntary, per the following schedule:

Time employed from and after last Course or Degree Requirement	*Amount to be refunded to City by the employee*
Less than 12 months:	100%
12 months to 18 months:	50%
18 months to 24 months:	25%

4. In order to secure the obligations of the City's Tuition Reimbursement Directive as set forth above, employee hereby authorizes the City to deduct from any funds held for or on behalf of employee, including but not limited to unpaid salary, accrued vacation and other allowances or benefits as may be due employee, sufficient sums to cover the cost of the reimbursement.

I have read the contents of this "Agreement for Repayment of Educational Expenses" and fully understand and accept the terms and obligations as hereinabove set forth.

_____	_____	_____
DATE	**EMPLOYEE (Print Name)**	**EMPLOYEE SIGNATURE**

State of Illinois, County of _____

Subscribed before me this _____ **day of** _____, 20____ **by** _____.

(Seal)

Notary Public

_____	_____
DATE	**DEPARTMENT DIRECTOR**
_____	_____
DATE	***CITY MANAGER***