MARANA AZ

TUITION REIMBURSEMENT APPLICATION

Name _____ EID _____ Date of Hire _____

Job Title _____ Department _____

Name of Accredited School _____ Anticipated Degree _____

Course No.	Course Name	Dates of Attendance	Credit Hours	Tuition
		Total Tuition Costs		$

I understand the maximum assistance available to me is $5,000 per fiscal year and available funds shall be disbursed on a first-come, first-served basis. I also understand the IRS requires any reimbursement in excess of $5,250 in a single calendar year to be taxed.

I understand that I must attain an A, B, or C letter grade, or a Pass (in a Pass/Fail class) in each course to be eligible for 75 percent reimbursement of tuition only (does not include books, registration fees, etc.). There will not be any tuition reimbursement if I receive a D grade, if I fail the course, or if I withdraw from the course.

Upon completion of each course, I will submit an official grade report, tuition receipts, class schedule, approved Tuition Reimbursement Application and Tuition Reimbursement Request to Human Resources within 45 days of course completion. I understand that if I separate from Town employment for any reason within 12 months of receiving reimbursement I will be required to repay the Town the full amount of reimbursement.

My reason for enrollment is (please check one): Job-related
A degree curriculum directly related to my current job or department

Other sources of education assistance (please check one):
Educational assistance is not available to me under the GI Bill or a scholarship grant.
Educational assistance is available to me through an outside source; therefore, my participation in the Town of Marana's program is only to the extent of tuition not covered.

I have read the Education Assistance policy in the Personnel Policies and Procedures Section 6-2. Furthermore, I understand the eligibility requirements and the process to request and receive tuition reimbursement as stated in the policy and this application. The Town is not responsible for any costs associated with registering for classes prior to approval of this application.

Employee _____ Date _____ Department Head _____ Date _____

Human Resources _____ Date _____

Do not write below this line

Date application received _____
Date authorized grade reports, tuition receipts, and reimbursement request received_____

Revised 8/2023