

**TELLER COUNTY'S TUITION REIMBURSEMENT PROGRAM
(REQUEST FORM)**

Financial assistance may be available to regular full-time employee to offset tuition cost of pre-approved educational/technical/correspondence courses taken at State supported post-secondary institutions and/or online correspondence courses or a Colorado P.O.S.T. Peace Officer Training Academy. Exceptions for those employees desiring to enroll in classes or programs offered at private accredited colleges will be given consideration upon written request and justification.

GUIDELINES & PROCEDURES

1. An employee must complete this Request form giving special attention to the "class justification" section, and submit it to his/her Elected Official/Department Head no later than fifteen (30-60) working days prior to the first day of class, to give the county sufficient time to consider the request.
2. The class selected must relate to an employee's current position or to a reasonably attainable position via a promotional opportunity within the County. Justification for the class should be clearly stated in writing on this Request Form.
3. The respective Elected Official/Department Head will review all requests with Human Resources personnel and notify the employee of approval or denial within ten (10) working days of receipt of request, including any written reason(s) for denial. To allow ample time for application/enrollment processes at colleges, it is recommended that an interested employee seek County approval at least four to six weeks in advance of quarter/semester start dates.
4. If it is the responsibility of the employee to enroll in approved courses and pay all fees and costs required at that time. Following the successful completion of the class (es) an employee must submit a fee statement and a transcript or grade report to the HR Department showing the cost of tuition and grade received. Reimbursement will not be considered or authorized without these two documents.
5. Tuition reimbursement will be made for a percentage of actual costs based on an employee's final grade(s), as shown below. All other costs/fees will be the responsibility of the employee.

Grade A.	75% Reimbursement
Grade B.	70% Reimbursement
Grade C.	65% Reimbursement
Pass/Fail courses.....	65% Reimbursement for Passing Grade
P.O.S.T..	75% Reimbursement for passing of Academy and Exam

Grades lower than "C" or an incomplete/Fail are ineligible for reimbursement.

LIMITATIONS:

1. An employee may be eligible for tuition reimbursement for one (1) class per quarter/semester not to exceed three (3) classes per calendar year. Exceptions to these limits are possible by special written request.
2. An employee receiving other types of tuition assistance, e.g. G.I. Bill, will not be eligible for County reimbursement.
3. An employee who separates from Teller County employment within twenty-four (24) months of completing a course will be required to reimburse the County for educational funds the County paid to him/her within that period on a pro-rata basis. The employee may make arrangements with the Finance Office to do this prior to his/her departure or elect to have these monies

deducted from his/her final check. If the employee makes no such arrangements with the Finance Office, the employee hereby authorizes the County to deduct the amount owed from his/her final paycheck and if any balance remains after this deduction, the employee agrees to pay the balance within 30 days after the employee's last day of employment with the County.

4. An employee who is unsuccessful in passing the Colorado P.O.S.T. Academy and the Colorado P.O.S.T. exam will not be eligible to submit another request for Teller County Tuition Reimbursement for the remainder of his/her employment with Teller County.

TUITION REIMBURSEMENT REQUEST

NAME (PRINT) _____ SS# _____
DEPARTMENT/OFFICE _____
TITLE OF COURSE _____
COLLEGE _____ DATE CLASS STARTS _____

EMPLOYEE'S JUSTIFICATION FOR TAKING CLASS (PRINT)

I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS OF TELLER COUNTY'S TUITION REIMBURSEMENT PLAN AND AGREE TO THEM.

EMPLOYEE SIGNATURE _____
DATE SUBMITTED _____

(FOR ADMINISTRATIVE USE ONLY)

APPROVED () DENIED () DATE _____

ELECTED OFFICIAL/DEPARTMENT HEAD

HR DEPARTMENT

REASON FOR DENIAL: _____

