

Warren County Schools Educational Tuition Reimbursement Assistance Agreement

I hereby apply for reimbursement of tuition for the course(s) specified on the attached Educational Tuition Assistance Request form, and I agree to adhere to the conditions and guidelines outlined in this agreement. I understand that, in order to qualify for reimbursement, I must pass with a Grade of “C” or better (“Pass” if not graded), in order to qualify for reimbursement. Upon my successful completion of the course. The amount due will be reduced by 1/12th for each month that I remain in the employment of Warren County Schools beyond the completion date of the course for which I received the educational assistance.

If I leave the employment of Warren County schools within twelve months of completing the course(s) for which I received educational assistance, I agree to a 60-day notice/employment hold and to have the amount(s) of educational assistance received deducted from my final two paychecks. The amount due will be reduced by 1/12th for each month that I remain in the employment of Warren County Schools beyond the completion date of the course for which I received the educational assistance.

I further agree that if my final paycheck is not sufficient to repay the full amount of tuition assistance due to Warren County Schools, I will make arrangements to repay the amount in full within 30 days of my termination. I understand that failure to repay the amount in full could result in legal action, and the amount remaining will be turned over to a collections agency.

Employee Name: _____ **Job Title:** _____ **School site:** _____
(Please print)

Employee’s signature:		Date:	
Principal’s /Supervisor’s signature :		Date:	
HR/Licensure Specialist Signature :		Date:	
ILT/Professional Development Coordinator:		Date:	
Chief Human Resources Officer Signature:		Date:	
Chief Finance Officer Signature:		Date:	