

City of Fond du Lac
Employee Application for Education Assistance
(All items in section I & II must be completed prior to registration)

I. Application Information

Date of Application _____

Last Name _____ First _____ M.I. _____ Social Security Number _____ Date of Hire _____

Position Title _____

For what term or period does this application apply? From _____ Thru _____
 month/year month/year

Name of School _____ School Address _____

Are you receiving compensation from another source for school? No Yes If Yes, explain _____

Are you eligible to receive Veteran's Benefits for continued education? No Yes

What other degrees have you obtained? _____

Immediate Educational Goal

- Individual course(s) not related to a degree or certificate.
- Certificate in _____
- College Degree Program _____ (Associate, Bachelors, Masters, etc.)
 Major _____
 When Degree Expected _____

This program/course relates to my current position as follows: _____

Course Title	Course #	Credit Hours	Tuition cost	Book cost	Fees (lab or other)	Total Cost per Course

By signing this application for educational assistance, I recognize and agree to abide by City of Fond du Lac policies and/or the appropriate Working Conditions Agreement. I understand that I must attain an A, B, or C in each course to be eligible for reimbursement of tuition and/or books.

 Employee's signature Date
(give to immediate supervisor for approval)

II. Approval of Application

(I understand the tuition reimbursement policy and approve this application)

(Print) Supervisor's name _____ Supervisor's signature _____ Date _____

(Print) Division/Dept. head name _____ Division/Dept. Head Signature _____ Date _____

(Print) Human Resource Manager's name _____ H.R. Signature _____ Date _____

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Grade report and evidence of tuition & fees paid must be attached for approval to occur.

III. Approval for Reimbursement

Notes to Employee and Supervisor:

- The total reimbursement will be charged to the employee's normal cost center unless an override is requested here.

Override Cost Center #	(Supervisor's initials)
- The reimbursement check will be processed with your next regular payroll cycle and will follow the normal distribution of your regular paycheck. No separate checks will be issued.
- Educational Assistance monies will be processed per IRS guidelines.
- Send original to Human Resources for final approval.

Total Amount from side (1) of this form \$ _____

Less Adjustment (per contract or policy) \$ _____

Total Amount to be reimbursed \$ _____

(Print) Supervisor's Name

Supervisor's signature

Date

(Print) Human Resource Manager's Name

H.R. Manager's Signature

Date

IV. Payroll Processing
(to be completed by Payroll)

Processed by (initials)

Payroll # & Year

Last Name First M.I.

Original to Payroll with backup documents.
Copy to: Employee
Employee File