

**CITY OF HOT SPRINGS, ARKANSAS
APPLICATION FOR EDUCATIONAL ASSISTANCE
(NON-UNIFORMED EMPLOYEES)**

EMPLOYEE _____ *DEPARTMENT* _____

COLLEGE/INSTITUTION _____

COURSE TITLE(S) _____

CLASS SCHEDULE _____

I hereby request that the City of Hot Springs reimburse me for the tuition expenses associated with the course(s) described above. I understand that:

- if my employment with the City terminates (for any reason) within one year after course completion, I will be required to reimburse the City 100 percent of the tuition expenses;
- if my employment with the City terminates (for any reason) after one year but before two years following course completion, I will be required to reimburse the City 50 percent of the tuition expenses;
- I am responsible to provide a certified transcript (or other official document indicating course completion and grade) to Human Resources within thirty days after course completion;
- if any course is completed with a grade of C, I will be required to repay the City for 50 percent of the tuition expenses.
- if any course is not completed or is completed with a grade lower than C, I will be required to repay the City for 100 percent of the tuition expenses; and
- the City is authorized to recover, through payroll deductions, any of the above amounts to which they may become entitled by reason of my grades or termination of employment.

I agree to provide all necessary receipts for incurred tuition expenses, as well as a certified transcript (or other official document indicating course completion and grade) within thirty days after completion of the course(s). I have received a copy of the City of Hot Springs Educational Assistance Program for Non-Uniformed Employees and agree to abide by the conditions of that program.

Employee Signature

Date

DEPARTMENT HEAD APPROVAL

I have determined that the course(s) listed on the Educational Assistance Application for _____ will be of value to this employee in the performance of his/her duties with the City of Hot Springs. I have discussed this request with the employee, and s/he understands the terms under which the City agrees to reimburse him/her for tuition expenses.

Department Head Signature

Date

CITY MANAGER APPROVAL/DENIAL

Request Approved

Request Denied

City Manager Signature

Date

HUMAN RESOURCES USE ONLY

Application for Educational Assistance Received

Tuition Receipt Furnished (\$_____)

Requisition to Finance (_____/_____/_____)

Transcript Furnished

_____ (Grade) _____ (Course)

_____ (Grade) _____ (Course)

Repayment Due City Based on Grade(s)

\$_____ Deducted From Payroll Dated _____

Repayment Due City Based on Termination

\$_____ Deducted From Payroll Dated _____