

**CITY OF NEWTON
TUITION ASSISTANCE PROGRAM
REIMBURSEMENT REQUEST**

NAME: _____
(Please print)

DEPARTMENT: _____ DATE: _____

Your application to participate in the City of Newton's Tuition Assistance Program has been approved. When you qualify for reimbursement, please attach documentation showing you have satisfactorily completed the course(s) and attach receipts for the expenditures you are requesting to be reimbursed for per eligibility in the Tuition Assistance Program policy.

ITEMIZED EXPENSES

Course Title	Reg. Fees	Tuition	Other Fees	Total
Department Acct. # _____			Subtotal	
			Tax	
			TOTAL	

Total amount requested to be reimbursed per eligibility of the Tuition Assistance Program: _____

Requested: _____
Employee Signature Date

Approvals: _____
Department Head Date

Human Resources Date

City Manager Date

**TUITION REIMBURSEMENT
AGREEMENT**

I _____(Employee's Name), fully understand that the City of Newton is under no obligation to reimburse for my educational expenses. However, by submitting a Tuition Assistance Program Reimbursement Request, I am agreeing to the following terms:

After reimbursement is received, I am expected to maintain employment with the City of Newton for no less than 24 months. If I leave employment with the City of Newton prior to the 24 months of employment, or am discharged of my duties, I understand that I am obligated to fully reimburse the City of Newton for the cost of the original reimbursement or any amount owed back to the City of Newton under the Tuition Assistance Program.

The employee further agrees that in the event his/her 24 month employment requirement is not met, the City may attach all vacation pay, and any other employment benefits or pay which may have accrued during the employee's employment with the City to the amount owed for breach of this Agreement.

_____, County, North Carolina

IN WITNESS WHEREOF, I have set my hand and seal this the _____ day of _____, 20_____.

Employee Signature

Witness:

_____, Notary Public

Notary Public's Printed or Typed Name

Official Signature

My Commission Expires _____