

**City of Dublin
Tuition Reimbursement Program
Coursework Approval Application**

Section to be Completed by Employee

Employee's Name

Work Unit

Date

Type of Approval Requested:

Degree Program

Individual Course

If blanket approval is being sought for a job-related degree program, provide brief description of the degree program and how it would be related to your current job:

(Attach copy of degree program description and the degree program curriculum from the college/university course offering catalogue. If additional space is needed to explain unusual circumstances that might establish job-relatedness where such is not readily apparent, please attach an additional sheet explaining such circumstances.)

If approval is being sought for an individual course, provide brief description of the course and how it would be related to your current job:

(Attach copy of course description from college/university course offering catalogue. If additional space is needed to explain unusual circumstances that might establish job-relatedness where such is not readily apparent, please attach an additional sheet explaining such circumstances.)

Date degree program or coursework is expected to begin: _____

(Courses must be taken on other than scheduled working hours, unless approval is obtained from the employee's Director, the Director of Human Resources and the City Manager to take courses on work time.)

I acknowledge that should I receive reimbursement for coursework under the Tuition Reimbursement Program and separate from employment with the City within the first year after the receipt of reimbursement, I am obligated to pay back 100% of the reimbursement amount received; if I separate employment with the City within the second year after receipt of reimbursement, I am obligated to pay back 50% of reimbursement amount received. I further acknowledge that should I have a pay-back obligation, I must satisfy this obligation within one year of my separation date and that failure to fully satisfy the obligation may result in an adverse recommendation in response to future reference checks by prospective employers.

Employee Signature

Date

Notice of Appeal Rights

If application is disapproved by HR, a written appeal may be filed with the City Manager within 72 hours of notification of disapproval. City Manager will issue a written decision on the appeal within five working days or receipt of appeal.

Department/Division Director Review

Director's Recommendation: **Approve** **Disapprove**

Reason for Approval/Disapproval:

Director's Signature: _____ **Date:** _____

HR Review

HR Action: **Approved** **Disapproved**

Reason for Approval/Disapproval:

Other Relevant Comments:

HR Representative's Signature: _____ **Date:** _____