

North Charleston Sewer District
Tuition Reimbursement Application

Name _____ Title _____

Department _____

Name of School or University _____

Degree Program Enrolled in (If Applicable) _____

Check One: ___ Fall Semester ___ Spring Semester ___ Summer Semester Certificate Program: ___ Yes ___ No

List Courses:

Course #1 _____

Date Starts _____ Ends _____ Credit Hours _____

Course #2 _____

Date Starts _____ Ends _____ Credit Hours _____

Course #3 _____

Date Starts _____ Ends _____ Credit Hours _____

Course #4 _____

Date Starts _____ Ends _____ Credit Hours _____

Tuition Cost _____ Financial Assistance Received _____ **NCSD Tuition Reimbursement Amount Requested** _____

All employees receiving reimbursement under this program for up to two courses/certifications are obligated to remain employed with the North Charleston Sewer District for a period of six months from the completion date of the latest course/certification for which tuition was reimbursed. Employees receiving reimbursement under this program for three or more courses are obligated to remain employed with the North Charleston Sewer District for a period of one year from the completion date of the latest course for which tuition was reimbursed. By applying for and accepting reimbursement, the employee expressly authorizes the deduction of the most recent reimbursement from any final paycheck(s) or PTO payout.

My signature below indicates that I am aware that approval will be granted on a first come, first served basis each fiscal year, according to the amount designated in the annual budget. I also understand that I am responsible for payment of any tuition initially required to begin in a degree/certificate program.

Employee Signature _____ Date: _____

You must attach your enrollment documentation and receipt for the class/course above.

-----To Be Completed by Department Head-----

1) Will this course maintain or improve the employee's skills in his/her current position or potential future position?
Yes ___ No ___

2) Is this course part of a current job-related or potential future job degree or certificate program? Yes ___ No ___

Department Head _____ Date _____

-----Approval-----

Chief Financial Officer _____ Date _____

District Manager _____ Date _____

-----To Be Completed by Human Resources-----

Maximum Reimbursement amount per fiscal year \$ _____
Maximum Reimbursement amount for current term \$ _____
Total Reimbursement Amount Received this fiscal year \$ _____