

## TUITION GRANT REQUEST FORM –LIU

TO: HUMAN RESOURCES DIVISION	FROM:	TITLE:	
		DEPARTMENT:	PHONE # EXT:

I REQUEST A TUITION GRANT FOR THE FOLLOWING JOB RELATED COURSE(S) AS PER THE PERSONNEL RULES AND REGULATIONS AND/OR APPLICABLE COLLECTIVE BARGAINING AGREEMENT IN THE AMOUNT OF: \$\_\_\_\_\_. (This amount may not exceed the applicable UCF rate for graduate and undergraduate classes and is for cost of the course only. It does not include books and other fees.)

COURSE TITLE	CREDIT HOURS	DATE SEMESTER BEGINS / ENDS	NAME OF INSTRUCTIONAL INSTITUTION

STATEMENT OF COURSE(S) CONTENT:

(If additional space is necessary, please attach separate sheet.)

I BELIEVE THIS/THESE COURSE(S) IS/ARE DIRECTLY RELATED TO MY CITY OF MELBOURNE POSITION AS PER THE PERSONNEL RULES AND REGULATIONS AND/OR APPLICABLE COLLECTIVE BARGAINING AGREEMENTS. I UNDERSTAND THAT IF APPROVED, I MUST SATISFACTORILY COMPLETE THE COURSE(S) WITH A GRADE OF "C" OR HIGHER FOR UNDERGRADUATE COURSES AND A GRADE OF "B" OR HIGHER FOR GRADUATE COURSES AND PRESENT A VALID RECEIPT FOR PAYMENT TO RECEIVE REIMBURSEMENT. I CERTIFY THAT I WILL NOT RECEIVE REIMBURSEMENT OR PAYMENT FROM ANY OTHER SOURCE FOR THIS/THESE COURSE(S).

IN ADDITION, IN ACCORDANCE WITH THE PERSONNEL RULES AND REGULATIONS, TUITION GRANT POLICY, AND APPLICABLE COLLECTIVE BARGAINING AGREEMENTS, I UNDERSTAND THAT IN THE EVENT I LEAVE THE CITY'S EMPLOYMENT AFTER RECEIVING A TUITION GRANT FOR ANY APPROVED COURSE, I WILL BE REQUIRED TO REFUND TO THE CITY A PRO-RATED AMOUNT OF THE GRANT. SUCH REFUND WILL BE COMPUTED FROM THE DATE THE GRANT IS RECEIVED BY THE EMPLOYEE BASED ON THE FOLLOWING SLIDING SCALE UNLESS OTHERWISE PROVIDED FOR BY A UNION CONTRACT:

WITHIN ONE YEAR:	100% OF GRANT
MORE THAN ONE YEAR, LESS THAN TWO YEARS:	50% OF GRANT
MORE THAN TWO YEARS, LESS THAN THREE YEARS:	25% OF GRANT
AFTER THREE YEARS:	0% OF GRANT

**EMPLOYEE'S SIGNATURE** (Sign in presence of notary.): \_\_\_\_\_ **DATE:** \_\_\_\_\_

State of Florida, County of Brevard, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the above named person, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
NOTARY PUBLIC

**IMMEDIATE SUPERVISOR/MANAGER**

RECOMMEND APPROVAL

RECOMMEND DISAPPROVAL

PLEASE STATE REASON(S) FOR APPROVAL/DISAPPROVAL. IF APPROVED, REASON COURSE(S) IS JOB RELATED:

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIVISION MANAGER**

RECOMMEND  
APPROVAL

RECOMMEND  
DISAPPROVAL

REFER TO HUMAN RESOURCES FOR DETERMINATION OF  
RELATEDNESS TO JOB

PLEASE STATE REASON(S) FOR APPROVAL/DISAPPROVAL:

**DIVISION MANAGER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT DIRECTOR**

RECOMMEND  
APPROVAL

RECOMMEND  
DISAPPROVAL

REFER TO HUMAN RESOURCES FOR DETERMINATION OF  
RELATEDNESS TO JOB

PLEASE STATE REASON(S) FOR DISAPPROVAL:

**DEPARTMENT DIRECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HUMAN RESOURCES DIVISION**

SIGNATURE OF HUMAN RESOURCE REPRESENTATIVE \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: