

Arizona Department of Administration
TUITION REIMBURSEMENT AGREEMENT

EMPLOYEE/COURSE INFORMATION

NAME	<input type="text"/>	TITLE	<input type="text"/>				
DIVISION	<input type="text"/>	SECTION	<input type="text"/>				
WORK PHONE	<input type="text"/>	WORK E-MAIL	<input type="text"/>				
COURSE TITLE/NUMBER	<input type="text"/>	SCHOOL NAME	<input type="text"/>				
SCHOOL ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
DATE COURSE BEGINS	<input type="text"/>	DATE COURSE ENDS	<input type="text"/>	TUITION/REGISTRATION FEE	<input type="text"/>		
INSTRUCTOR	<input type="text"/>	COURSE SCHEDULE (DAY/TIME)	<input type="text"/>				

EXPLAIN HOW THIS COURSE WILL HELP IN YOUR CURRENT POSITION OR IN THE NEXT STEP IN YOUR CAREER PATH WITHIN YOUR STATE OF ARIZONA EMPLOYMENT. (ATTACH COURSE DESCRIPTION AND FEE SCHEDULE FROM COURSE CATALOG)

AGREEMENT

BY _____ (DATE APPROXIMATELY 4 WEEKS AFTER COMPLETION OF COURSE), I AGREE TO SUBMIT PROOF OF COMPLETION OF THE COURSE WITH A GRADE OF "C" OR BETTER FOR UNDERGRADUATE AND "B" OR BETTER FOR GRADUATE LEVEL COURSES. I UNDERSTAND AND ACCEPT THE CONDITIONS SET FORTH IN THE TUITION REIMBURSEMENT POLICY AND AGREEMENT PERTAINING TO MY PARTICIPATION IN THE COURSE LISTED ABOVE. I UNDERSTAND THAT REIMBURSEMENT IS CONTINGENT UPON AGENCY FUNDING AVAILABILITY. IF I LEAVE ADOA PRIOR TO TWELVE MONTHS AFTER COMPLETING THIS COURSE, I AUTHORIZE ADOA TO WITHHOLD FUNDS FROM MY PAYCHECK TO REIMBURSE THE DEPARTMENT FOR EXPENSES AS OUTLINED IN THE TUITION REIMBURSEMENT POLICY. I FURTHER UNDERSTAND THAT IF I FAIL TO REPAY THE AMOUNT OWED, ADOA MAY BRING CIVIL SUIT TO RECOVER THE BALANCE AND I WILL BE RESPONSIBLE TO PAY ALL COSTS OF THAT ACTION, AS WELL AS REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE, IF THE STATE PREVAILS. ADDITIONALLY, I CERTIFY THAT IF I WILL BE RECEIVING ANY FUNDS FOR THIS COURSE FROM OTHER SOURCES, THE TOTAL FUNDS I RECEIVE FROM ALL SOURCES WILL NOT EXCEED THE COST OF THE COURSE FEES.

Signature _____
Date

APPROVAL - SUPERVISOR

APPROVE		<input type="text"/>
DENY	COMMENTS	

Supervisor Signature _____
Date

APPROVAL - ASSISTANT DIRECTOR

APPROVE		<input type="text"/>
DENY	COMMENTS	

Assistant Director Signature _____
Date

APPROVAL - ASSISTANT DIRECTOR OF BUDGET AND RESOURCE PLANNING

APPROVE		<input type="text"/>
DENY	COMMENTS	

Assistant Director of Budget and Resource Planning Signature _____
Date