



Where Georgia comes together.

Education Assistance Application & Agreement

Prior to Course(s) Enrollment:

- Review the City of Perry Education Assistance Policy
- Complete the Education Assistance Application below and obtain supervisor's and department head's approval and signatures at least two weeks prior to course begin date.
- Keep a copy of this form and forward the original to the Office of the City Manager for final approval.

After Course(s) Completion:

- Attach evidence of satisfactory course completion (minimum passing grade and/or credit for the course) and an itemized statement of reimbursable expenses for which you are requesting reimbursement.
- Forward the approved and completed form along with supporting documents within 60 days of course completion to the Office of the City Manager. Keep a copy of the approved and completed form and all supporting documents.

Employee Name		Department		Cost Center		Date of Hire	
Name of School				Are you seeking a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you seeking a certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Degree/ Major/ Certification			Number of Credits in Program		Credits Completed to Date		
Term Begins: ____/____/____ (Month) (Day) (Year)				Term Ends: ____/____/____ (Month) (Day) (Year)			
Title of Course(s)			No. of Credits	Cost per Credit		TOTAL COST	
If the City pays more than \$5,250 for educational benefits for you during the calendar year, you must generally pay tax on the amount over \$5,250 and it is reported as income to you.					TOTAL		
Will any part of the cost be covered by another source (e.g., scholarship, grant, G.I. benefits)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state specifically the source (e.g., Pell Grant, HOPE Grant, etc.) _____ State specifically what is covered and the amount. _____							
Pursuant to the terms hereof, I agree to reimburse the City of Perry if I should separate from employment with the City, or if I voluntarily transfer to a less than full-time position, in accordance with the following schedule: <ul style="list-style-type: none"> • An employee who separates before completing 24 months of service after the date of receiving a reimbursement payment will owe 100% of the payment received. • An employee who separates after completing 24 months but less than 36 months of service after the date of receiving a reimbursement payment will owe 50% of the payment received. • An employee who separates after completing 36 months of service after the last date of receipt of a reimbursement payment will not be liable for any repayment to the City of any educational assistance received. • Calculation of months of service and repayment required, if any, are determined separately for each individual payment received by the employee. 							

In consideration of eligibility for reimbursement of educational expenses provided by the City of Perry, I hereby agree to the terms of this Education Assistance Agreement. At the time of my separation of employment, I may elect that any amount owed by me to the City of Perry as a result of this Agreement be deducted and offset against any vacation pay or annual leave owed to me upon my termination of employment, to the extent permitted by law. I further agree that if these deductions are insufficient to reimburse the City of Perry for the full balance due, or if I should elect not to apply any payment towards the amount I owe the City, I will be obligated to establish a repayment plan for the remaining balance on my last date of employment with the City of Perry. This repayment plan shall be documented by a promissory note that I will execute in favor of the City. I understand this Agreement is legally binding on me. If any action is brought to enforce any provision of this Agreement by the City of Perry, I agree to pay all costs associated with the action as well as any costs of litigation, including all reasonable attorney fees. I have carefully reviewed the contents of this Agreement and, with a full and complete understanding of its terms, voluntarily accept all of its terms and conditions. I have been given a full and fair opportunity to discuss this matter with my attorney or advisor of my choice.

Employee Signature	Date
Supervisor Signature	Date
Department Head Signature	Date
City Manager Signature	Date

Do Not Write Below This Line, For HR and Accounting Use Only

City Manager's Approval to Pay:	Date:
Cost Center:	