



**MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONERS
TUITION REIMBURSEMENT PROGRAM TUITION REIMBURSEMENT CLAIM FORM**

Instructions to Employees: Complete and submit this claim form to the Tuition Refund Coordinator (TRC) within 30 days of receiving official grades. **Refunds are not payable unless you have a prior completed and approved "BCC Approval to Participate in the Tuition Refund Program" form on file.**

SECTION A: Employee Identification and Educational Program Information					
Last Name	First Name	M.I.	Employee ID #	District/Office	Employee Status Code
Title of Degree/Certificate Program		Name of Educational Institution		Email Address	Work Phone
Major	Program Start Date	Program Approval Date	Class Start Date	Class End Date	Term/ Year
<input type="checkbox"/> I have not received any non-refundable financial assistance for this educational program.					
<input type="checkbox"/> I have received non-refundable financial assistance (except loans) for this educational program. List scholarships, fellowships, grants, veteran's benefits, waivers, military benefits including GI Bill, employee discount or other non-refundable assistance received below.					
Type of Non-Refundable Financial Assistance			Amount Awarded	Amount Applied to this Claim	
Total Non-refundable Financial Assistance			\$0.00	\$0.00 (A)	

SECTION B: Tuition Refund (Attach grade reports, detailed tuition payment receipts and proof of financial assistance/ awards)											
To be completed by the Employee							To be completed by TRC				
Course Number	Complete Course Title	Course Type	Cost per Credit Hour	Credit Hours	Grade	Tuition Paid to School	Tuition Paid to School (Exclude non-compensable fees)	Approved Course and payment?	TRC Initials	Tuition Paid to School	HR Initials
							\$	Yes / No		\$	
							\$	Yes / No		\$	
							\$	Yes / No		\$	
							\$	Yes / No		\$	
Total (B)							\$			\$	
Non-refundable financial aid applied to this tuition claim from (A) above(A)							\$			\$	
Net Tuition Refund Payable (B-A) x 50%							\$			\$	

I attest that the above information is true and correct and I understand that failure to strictly comply with the financial disclosures and misrepresentation of any information regarding this claim shall result in a denial of tuition refund, and may result in criminal prosecution and/or disciplinary action up to, and including dismissal from the County. I also understand that the County will audit tuition refund claims.

Employee Signature: _____ Print Name: _____ Date: _____

SECTION C: For District/Office Approval Only	SECTION D: For Tuition Refund Program
I reviewed this tuition refund application and the employee continues ___ /has failed ___ to meet the requirements stipulated in the BCC Tuition Refund Program be eligible for tuition refund. (In the event the employee fails to meet the requirements, provide a brief explanation). I approve ___ /do not approve ___ payment of tuition refund for this claim.	Refund disbursement approved ___ /not approved ___ (If not approved, explain reasons for disapproval)
_____ Commissioners/ Director or Designee Signature Print Name Date	_____ Processed By Print Name Date