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| PART I EMPLOYEE INFORMATION |
| EMPLOYEE’S NAME LAST FIRST M.I. | **LAST FOUR DIGITS** OF SOCIAL SECURITY NUMBER | ORGANIZATION NUMBER | DATE |
|       |       |       |       |
| ADDRESS – STREET | CITY | STATE | ZIP |
|       |       |       |       |
| PART II COURSE INFORMATION AND COSTS |
| COURSE TITLE AND NUMBER | COURSE DATES | (A)GRADE | (B)CREDIT HOURS | (C)TUITION RATE PER CREDIT HOUR or MAXIMUM APPROVED RATE PER CREDIT HOUR \*\* | (D)FINANCIAL ASSISTANCE PER CREDIT HOUR \*\* | (E)TUITION AMOUNT PAYABLE BY EMPLOYEE PER CREDIT HOUR (C) – (D) | (F)Reimbursement RatesA: 100%B: 75% C or Pass:50%(E) \* (%) | (G)TOTAL EMPLOYEE COST ELIGIBLE FOR REIMBURSEMENT(F) \* (B) |
| 1.      |       |       |       |       |       |       |       |       |
| 2.      |       |       |       |       |       |       |       |       |
| 3.      |       |       |       |       |       |       |       |       |
| 4.      |       |       |       |       |       |       |       |       |
| 5.      |       |       |       |       |       |       |       |       |
| \*\* See Page 3 for further instructions. | TOTAL COSTS TO BE REIMBURSED (may not exceed MAXIMUM APPROVED RATE listed on page 3) |       |
| PART III GRADUATE COURSEAre these costs for a graduate level course? **[ ]** Yes **[ ]** NoSee Personnel Policy 6504 “Educational Assistance” for definition | ACCOUNTING USE ONLY |
| LINE | FUND | AGENCY | ORGANIZATION | APPROPRIATION |
| PART IV CERTIFICATION OF STATEMENTI HEREBY CERTIFY THAT THE ABOVE COSTS ARE JUST AND NO PART OF THE TOTAL COST TO BE REIMBURSED STATED ON THIS REQUEST HAS BEEN PAID THROUGH OTHER SOURCES OF FINANCIAL ASSISTANCE. | 01 |  |  |  |  | 6 | 0 | 5 |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  | 6 | 0 | 5 |  |  |  |  |  |  |  |  |
| LINE | ACTIVITY | OBJECT | SUBOBJ\* | AMOUNT |
| 01 | R | 8 | 2 | 4 | 2 | 3 | 8 | 6 |  |  |  |
| 02 | R | 8 | 2 | 4 | 2 | 3 | 8 | 6 |  |  |  |
| LINE | JOB NO. /PROJECT NO. |  \*If undergraduate course, use sub-object 01 \*If graduate course, use sub-object 02 |
|  \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE EMPLOYEE’S SIGNATURE | 01 |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |
|  \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SUPERVISOR’S SIGNATURE | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE CO HR - EMPLOYMENT SIGNATURE |

I have read, understand, and agree to the terms and conditions of Personnel Policy 6504, “Educational Assistance." I voluntarily accept the benefits MoDOT is providing under Personnel Policy 6504. I understand that in consideration for my receipt of those benefits, I agree to repay MoDOT for these benefits as outlined in this Reimbursement Request and Repayment Agreement and Personnel Policy 6504.

I understand and agree that should I voluntarily or involuntarily terminate my employment with MoDOT for any reason, I will fully repay the department 100 percent of the tuition reimbursement I received from the department subsequent to signing this Reimbursement Request and Repayment agreement and within the twenty-four (24) months prior to my effective date of termination. I agree to fully repay these amounts no later than thirty (30) days after the effective date of termination of my employment with the department. I acknowledge and further agree that the department may withhold any money owed under the policy and this application/agreement from my remaining paychecks and/or remaining annual or compensatory leave balances to fully repay MoDOT for the amount owed. I understand I may elect to make a personal payment to the department to repay all or a portion of the repayment amount owed the department instead of having money withheld from their remaining paychecks and/or remaining annual or compensatory leave balances. However, I acknowledge that should I request to pay by personal payment, the payment must be received by the department before the end of the two-day review period outlined in Policy 6504. I also understand if the personal payment is not for the full repayment amount owed, the remaining amount owed will be withheld from my remaining paychecks and/or remaining annual or compensatory leave balances. If the full repayment is not recovered by means of salary withholding and/or remaining leave balance withholding, I understand that the department may elect to establish a payment plan for the remaining repayment amount owed. If a payment plan is not entered into or if I fail to comply with the terms of an established payment plan, I understand the department may elect to pursue any other lawful means to collect the repayment owed to the department. This includes offsetting any tax refund payable by the Missouri Department of Revenue. I agree to waive the right to appeal this offset due to nonpayment.

I I agree that any action at law, suit in equity, or other proceeding to enforce or construe this Agreement, or regarding its alleged breach, shall be instituted in the Circuit Court of Cole County, Missouri.

I also agree to reimburse the department any monies that are mistakenly or inadvertently reimbursed to me in excess of the amounts allowed under the policy immediately upon discovery.

I understand and agree that nothing in this Repayment Agreement is intended to create any guarantee of employment by MoDOT and recognize that my employment is at-will at all times and MoDOT may terminate my employment with or without cause.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Employee Signature

INSTRUCTIONS:

# Part II: Course Information and Costs

Course Title and Number – Course name and number as indicated in the school’s course catalogs or other school documents (do not abbreviate titles).

Course Dates – Start and end dates of course, month and year only.

Section (A): Grade – Normally A, B, C, or Pass for undergraduate courses or CLEP tests will be entered. Reimbursement costs will not be provided for course grades of D, F, or Fail. Therefore, submission of this form will not be necessary for D, F, or Fail grades.

Section (B): Credit Hours – Number of credit hours or actual course hours if no credit hours given, or GED and hours (if available) for General Educational Diplomas.

Section (C): Tuition Rate Per Credit Hour or Maximum Approved Rate Per Credit Hour – Actual tuition cost per credit hour, excluding lab, activity, and miscellaneous fees associated with the course or maximum approved rate, whichever is lower.

Section (D):  Financial Assistance Per Credit Hour – Total Financial assistance received from sources other than the department for courses indicated on this form. (Note: Loans requiring repayment by the student are not considered financial assistance.) If the amount of financial assistance applicable to each credit hour cannot be determined, it will be necessary to prorate the financial assistance to each credit hour.

**\*Example:**

An employee takes 12 credit hours for the calendar year and receives $540 of financial assistance $540.00/12=$45.00 per credit hour. When determining the rate of financial assistance per credit hour, the financial assistance received for the calendar year should be divided by the total number of credit hours applicable regardless of whether some of those hours exceed the 15-hour cap and are not reimbursable by MoDOT.

Section (E): Tuition Amount Payable by Employee Per Credit Hour – Amount entered in column C minus amount entered in column D.

Section (F): Percentage of Tuition Cost Per Credit Hour – Applicable percentage of the tuition amount payable by employee (column E \* corresponding %).

Section (G): Total Employee Cost Eligible for Reimbursement – Amount entered in column F times the number of credit hours per course entered in column B amount entered in F.

REQUIRED DOCUMENTATION:

Submit the following with the completed Educational Assistance Reimbursement Request and Repayment form:

1. A copy of the detailed invoice/statement showing full payment. Include a copy of the payment receipt if the statement does not show payment in full.
2. An **official notification** of the grade.
3. An copy **(with signatures)** of the “Educational Assistance Reimbursement Checklist.”
4. A copy of any material related to the amount of financial aid received.

\*To expedite receipt of reimbursement, submit via email to HREMP@modot.mo.gov

**REIMBURSEMENT POLICY:**

Tuition will be reimbursed as outlined in Personnel Policy and Procedure 6504, “Educational Assistance,” posted on MoDOT’s Intranet, in the Human Resources Division Personnel Policy Manual.

Educational reimbursement amounts are subject to IRS regulations. Amounts reimbursed to employees in excess of IRS regulations will be included in taxable income and subject to applicable taxes.

Education reimbursement amounts are subject to the repayment provisions outlined in Policy 6504.

A copy of this Reimbursement Request and Repayment Agreement will be provided to the employee and retained by the Central Office and local HR and Support Services Representatives for the purpose of recordkeeping.

**Note: Refer to Procedure 6504 “Educational Assistance” for more information.**