

EdAP CLAIM FORM



Purpose: To request approval for reimbursement upon completion of a course under the County Educational Assistance Plan and Policy.

Employee Information

Date of Request:	Department:
Employee Name:	Last 4 of SSN#:
Home address (check will be sent to this address):	
Date of Hire:	Employment Status: FT Regular PT Regular
Job Title:	Work Phone #:

Departmental Review *(this portion must be signed by Supervisor/Department Head)*

I have reviewed this Claim packet for completeness and certify that it contains all the following:

- Completed Claim Form
- Course Description(s) & Schedule
- Course Grade Report
- Copies of all receipts, including statement from school for tuition/fees for this course, that has been paid in full.
- This employee received a “Meets Standards” or higher rating on the most recent performance evaluation.
- Has not received a disciplinary action in the past 12 months at the time of this claim form submission.

Department Representative Name: _____

Title: _____ Contact Number: _____

Department Representative Signature: _____ Date: _____

Human Resources Review *(this portion to be completed by HR Staff)*

I have reviewed this Claim for compliance with the requirements of the Educational Assistance Program and have found that it does qualify for reimbursement under this plan for the below courses.

<u>Course Claim Number</u>	<u>Course Name</u>	<u>Reimbursement Amount</u>
	Amount reimbursed for current plan year	\$
	Total reimbursement amount for this claim	\$

County HR Representative: _____ Title: _____

HR Signature: _____ Date: _____

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Course Information (to be completed by Employee)	
Course 1 Title:	Course #:
Start Date:	End Date:
Grade Awarded:	Credits Earned:
Accredited Institution Name:	
Course/Degree Category: Associate's Bachelor's Master's Doctoral Non-degree Other	
Estimated cost of tuition per credit hour: Tuition per credit hour: \$ x # of Credit Hours for this Course: = Total tuition for this course: \$	
Course 2 Title:	Course #:
Start Date:	End Date:
Grade Awarded:	Credits Earned:
Accredited Institution Name:	
Course/Degree Category: Associate's Bachelor's Master's Doctoral Non-degree Other	
Estimated cost of tuition per credit hour: Tuition per credit hour: \$ x # of Credit Hours for this Course: = Total tuition for this course: \$	
Course 3 Title:	Course #:
Start Date:	End Date:
Grade Awarded:	Credits Earned:
Accredited Institution Name:	
Course/Degree Category: Associate's Bachelor's Master's Doctoral Non-degree Other	
Estimated cost of tuition per credit hour: Tuition per credit hour: \$ x # of Credit Hours for this Course: = Total tuition for this course: \$	

If you have any questions or need assistance with filling out this form, please contact the Human Resources Department at (915) 546-2218. Once this form has been completed submit to the:

Human Resources Department Benefits Division at hrbenefits@epcounty.com

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Employee Agreement and Checklist

Please read each of the statements below to verify your understanding of the rules regarding the Educational Assistance Program. Check the box to the left of each statement to verify that you have read and understood the statement, then sign and date on the signature line below.

- I attest that the information on this application is accurate to the best of my knowledge.
- I certify that I successfully completed the course(s) and received a passing grade and that all claims for reimbursement are expenses incurred for the purposes of this course.
- I understand that I must comply with the Policy and Procedures of this Plan and that only eligible expenses will be reimbursed up to 80% or \$250 per credit hour, whichever is less.
- I give El Paso County permission to verify my declared degree and any financial information regarding my education.
- I also understand that my claim will be paid only upon receipt of all required documentation and verification by the HR designated representative.
- I understand that as with all County benefits the County Commissioners Court may choose to modify the Education Assistance Plan (EdAP).
- I understand I must commit to one year of continuous employment from the date of my last reimbursement check. Failure to do so, I will be required to pay back the County the amount of the assistance received in the form of payroll deduction from my final paycheck or any other form of repayment acceptable to the County. If this is not done, it may result in collection efforts by the County.
- I certify that I have read and understand the above statements and that to the best of my knowledge this application is complete and correct. I further understand that falsifying this application can be grounds for disciplinary action, to and including termination of employment.
- I certify that I have reviewed the Education Assistance Plan (EdAP) policy and know it can be found via the intranet and County website.

Employee Name (printed): _____

Employee Signature: _____ Date: _____