Instructions for Processing the Forms Electronically:

1. To access application go to www.waynecounty.com. Under site navigation on the top left, click "Departments", "Management & Budget", "Benefits & Disability" and then click on "Benefit Forms & Information". Then click on "General Tuition Reimbursement Form" to the right.

2. When you initially open either file “Training/Tuition Reimbursement” or the “Wayne County Training Registration” forms you will notice a highlighted area in the first “field” or box of the form. This tells you that you are able to type in that particular field or box. The box may look like this: " "

3. Start typing in your data. For better viewing increase the visual percentage to 100%. Click on “View” and select “Zoom.”

4. When you have finished entering the data requested for that field or box, use the “Tab” key, to progress to the next field or box.

5. The “Tab” key will automatically forward you to each field of the form. If particular field(s) do not apply to you, leave blank by continuing to press the “Tab” key to the next field that needs data entry.

6. For fields that require a box to be filled, you can either: (1) click in the box and an “X” will be added, or (2) you can type in the “X.” The electronic form will accept either keying.

7. If you either miss a field or if you want to correct a field, you can retrieve the box by one of two ways:
   - Continue pressing the “Tab” key until you are back to the field you want to change or enter data, or
   - Using your mouse, click in the field you want to change or to enter data. Just, start typing what you want to enter and the previous entry is erased.

8. You will notice a space that requires supervisory signature. Enter all information that is pertinent for you to complete.

9. Then, upon completion of your entries print out the form and provide it to your supervisor for his/her signature.

10. When the form is completely finished, hand-deliver, mail or fax your form(s) along with your supporting documents to the Benefits Division, located at 500 Griswold, 14th Floor, Detroit, MI 48226 or fax to (313) 967-1228 for processing.

11. If you need confirmation that your form(s) have been received, call the Benefits Division at (313) 224-5157

12. Note: This method is only used for initial application or registration processing purposes. For returning your documents for reimbursement approval, it must be done using the Training/Tuition Reimbursement and Wayne County Training Registration guidelines.
Instructions for Form(s) Completion Manually:

To access the application go to www.waynecounty.com. Under site navigation on the top left, click Departments, Management & Budget, Benefits & Disability, and then Benefit Forms. Then click on “General Tuition Reimbursement Form” near the top.

If you choose to fill out the “General Tuition Reimbursement Form” manually, follow these instructions:

1. Open the file electronically

2. Print out the form using: File > Print.

3. Fill out the form entering the data that is required by you.

4. Have your supervisor sign the form.

5. When the form is completely finished, hand-deliver, mail or fax your form(s) along with your supporting documents to the Benefits Division, 500 Griswold, 14th Floor, Detroit, MI 48226 or fax to (313) 967-1228 for processing.

6. If you need confirmation that your form(s) have been received, call the Benefits Division at (313) 224-5157.

Note: This method is only used for initial application or registration processing purposes. Please make sure that you read thoroughly the Policies and Guidelines for the form(s) submitted. This information is provided with each electronic form. For returning your documents for reimbursement approval you must follow the Training/Tuition Reimbursement and Wayne County Training Registration guidelines to ensure eligibility. Failure to do so may result in reimbursement denial.
Part 1: To be completed by employee. Please “type” or “print” in ink or “enter the information electronically.” All boxes must be completed. One course per application.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Employee ID #</th>
<th>Union Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (Street)</th>
<th>City</th>
<th>Zip Code</th>
<th>Home Phone</th>
<th>Office Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Department/Division</th>
<th>Work Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Employee Status</th>
<th>Full-time</th>
<th>Part-time</th>
<th>Appointed</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Name (One course per application)</th>
<th>Name of School/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Number/Section</th>
<th>Address of School/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Completion Date</th>
<th>Credit Hours</th>
<th>Registration/Seminar Fee</th>
<th>Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

1. How will the course be of value in your County work? What direct benefit will the County receive as a result of your completing this course/seminar?

2. Is this course part of a degree or certificate program for which you have been accepted?  
(If “No”, skip to question #5.)  
Yes  No

3. Please provide:
   a. Class ranking:  
   b. Name of program:  
   c. Expected date of completion:

4. Have you provided the M&B Dept. with a Plan of Work?  
(If “No”, see Section 3B on reverse side of this page)  
Yes  No

5. Do you expect to receive financial assistance from any source?  
(See Section 4B)?  
Yes  No

6. If tuition reimbursement is for seminar or workshop, are you a presenter or faculty at session(s)?  
Yes  No

I have read the Tuition Reimbursement Policy (either on the back of a preprinted application or the attached document with this form) and understand that approval and payment are subject to the provisions of the Tuition Reimbursement Policy. I also authorize the above named school/institution to release to Wayne County Benefits Division any information from my school records as they may request. Requires original signature.

Employee Signature: ___________________________ Date: ________________

Part 2: To be signed by Department Supervisor: Mandatory  
(If not completed the application will not be processed)

I recommend approval of this application and believe the employee can complete the course satisfactorily without interfering with the performance of his/her duties. I find the course related to the employee’s field of work and believe it will increase his/her value as a County employee.

Supervisor’s Signature: ___________________________ Date: ________________

Part 3: To be filled in by the Wayne County Benefits Division

Application is:  

   □ Approved  □ Not Approved. Reason: _____________________________________________

Authorized Fiscal Year Maximum $ __________________________
Total Refunds Previously Approved and Paid $ __________________________
Estimated Refund $ __________________________

Tuition Reimbursement Coordinator Date Received

t

Part 4: After completion of course, please sign and date

I have attended and completed the approved course, seminar, or conference and I am eligible for a refund for the above course, provided I have met the requirements set forth above.

Employee Signature: ___________________________ Date: ________________

DO NOT SIGN BELOW THIS LINE

Tuition Reimbursement Coordinator Date

Revision 08/07/19 Tuition Reimbursement Form Wayne County Benefits Division, 500 Griswold, 14th Floor Detroit, Michigan 48226
Telephone: (313) 224-5157 Fax: (313) 967-1228

****Please Refer to back for Tuition Reimbursement Policy****
Wayne County Tuition/Reimbursement Policy - Effective As of 08/12/19

Section 1 – Purpose
The County of Wayne will, under certain conditions, reimburse County employees for the tuition cost of education. The purpose of this program is to encourage and assist employees in securing additional training, which will directly contribute to the technical and professional development of the employee and better performance of County services.

Section 2 – Eligibility
A. Employee eligibility is limited to employees with REGULAR status (must be on payroll and not on any type of leave, sick, disability, administrative, or suspension) and where provided in collective bargaining agreements.
B. Applications must be fully completed and contain written approval by your supervisor prior to submission.
C. Program eligibility is limited to courses determined by the Benefits Division to be directly related to the employee's current occupation or reasonable promotional opportunity. To be eligible for tuition refund, courses must be conducted by an approved educational institution or agency. Institutions other than accredited educational institutions will not be approved until they have been investigated and determined to be acceptable by the Benefits Division.
D. Correspondence courses will not be refundable under this Policy unless approved by the Director of Management & Budget in advance of enrollment. Please review the Tuition Reimbursement Plan Addendum prior to enrolling in any correspondence course.
E. Application processing fees will not be refundable through this program.
F. Approval is contingent upon availability of funds. This program may be suspended due to lack of funds at any time without advance notice.

Section 3 – Procedure for Application
A. Participants must complete a Tuition Reimbursement application. Applications must be received by the Benefits Division (500 Griswold, 14th Floor, Detroit, Michigan 48226) NO LATER THAN TWO WEEKS prior to the beginning date of each course.
B. Participants MUST provide an approved Plan of Work from their educational institution. If your institution does not utilize a Plan of Work, a substitute form provided by the Benefits Division may be used.
C. The Benefits Division will review all applications and return the Original copy to the employee either approved or disapproved prior to the start of the course. If the application is disapproved due to missing information, the original date of the application will be utilized when returned to the Benefits Division.

Section 4 – Refund
A. AMOUNT OF REFUND: The refund will be 100% of the actual tuition or seminar fee, but will not exceed the authorized maximum amount during the fiscal year. Refund payment will not include the cost of books, supplies, equipment, and special fees (i.e., special registration, lab, computer, technology, and other miscellaneous fees, etc.) and transportation.
B. AUTHORIZATION FOR REFUND REQUIRES THAT THE EMPLOYEE:
   1. Has secured written approval of the course from the Benefits Division, no later than two weeks prior to the beginning date of the course.
   2. Has successfully completed his/her initial probationary period.
   3. Has successfully completed the course with a final grade of “C” or better. (Grades of C- and below will be considered unsuccessfully completed and will not be paid. Audited courses will also be considered unsuccessfully completed).
   4. Has attached to the application one copy of all official receipts, tuition receipt, final grade report, canceled check or copy of charge card statement showing the amount paid, certificate (if the course is not related to a two (2) or four (4) year program or if the training is a seminar or conference learning experience) or official statement of “Satisfactory” completion. All institution correspondence must be on official letterhead.
   5. Submit all documentation to the Benefits Division no later than 60 days after the end of the school term or completion of the course/seminar or conference, which ever is sooner. However, if the official documents are turned in after 60 days of completion of the school term or completion of the course/seminar or conference, reimbursement will be denied.
   6. Is on the payroll at the time the application for refund is submitted AND at the time the course is completed. If the employee has been laid off due to reduction in force and is on a recall list, he/she must have been on the payroll when the courses started AND has not been nor will be paid for the cost of tuition by any other institution, scholarship, grant, or aid program. The amount of tuition reimbursement will be offset to the extent that it is reimbursed or paid by other agencies, scholarships, grants, etc. Falsifying documentation or committing fraud for purposes of receiving reimbursement or failure to report other payments will result in discharge from employment.
C. PAYMENT PROCEDURE
   1. The Benefits Division will examine the application, authorize payment of the refund, and have the necessary voucher processed for payment provided all of the necessary conditions have been met.
   2. Employees should receive reimbursement within eight (8) weeks from the date the Benefits Division receives final request and documentation. Inquiries regarding reimbursement should be made to the Benefits Division.

Note: If an employee withdraws, drops, or adds a course, for any reason, does not successfully complete a course, he/she must immediately notify the Benefits Division. Inquiries regarding the program should be addressed at: 500 Griswold, 14th Floor, Detroit, Michigan 48226.

Telephone: (313) 224-5157 Fax:(313) 967-1228 Email: benefits@waynecounty.com