



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

Tuition Loan Repayment Application – General (Nurses Supervisory and Management Unit)

Personal Information				
Department Name	Employee ID	Last Name, First Name	Contact Phone Number	Email Address
Mailing Address		City	State	Zip
Job Code Title	Are you participating in another tuition repayment program? Yes <input type="checkbox"/> No <input type="checkbox"/>		How much eligible loan repayment program tuition did you pay last year? \$	
Lender Information				
Name	Mailing Address	City	State	Zip
Name	Mailing Address	City	State	Zip
Employee Certification:				
<p>I understand that:</p> <ul style="list-style-type: none"> The Tuition (student) Loan Repayment Program provides reimbursement of employee’s student loan obligations on an annual basis in accordance with the provisions outlined in your applicable Memorandum of Understanding (MOU). Reimbursement is for tuition paid for employee only (dependent loans do not qualify). The student loan repayment is a taxable benefit and will be added to my taxable gross income. I may not participate in another tuition loan repayment program. Loan forgiveness programs are not considered repayment programs for purposes of the Tuition Loan Repayment Program. I will be required to provide documentation in accordance with the provisions outlined in my MOU and supporting documentation will be required for approval of my repayment*. I may only claim one repayment per fiscal year in accordance with the amounts and provisions set forth in my MOU*. Payment will be issued within thirty (30) days from the date Employee Benefits and Services Division (EBSD) approved your request. <p>I certify that:</p> <ul style="list-style-type: none"> I have completed my degree for which I am requesting tuition repayment. I am in active repayment status for my student loan and I am not in default status. I am not participating in another tuition loan repayment program. I have not received education funds from the County to pay for the degree for which I am requesting tuition repayment. I am requesting repayment for tuition paid for completion of my degree and not that of a dependent. All of the information above is true and correct. <p><i>*Please see Application Requirements on page 2 for more information</i></p>				
Employee (Print & Sign)			Date	
Appointing Authority or Designee (Print & Sign)			Date	
HR Office Use Only				
HRO Validation				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is employee in a regular position and scheduled for at least 72 hours per pp?		HRO EE ID: HRO Initial:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is employee in paid status?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was employee’s last WPE a meets standards or above?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is employee on a current work performance improvement plan?		Date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is employee on a current leave restriction plan?			
Benefits Validation				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did employee receive a degree from an accredited college?		EBSD EE ID: EBSD Initial:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does employee have a valid unrestricted nursing license?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is student loan qualifying?		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is student loan in good standing?			
<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	Eligible payment amount based on continuous years of service?		Date:	

Tuition Loan Repayment Application Requirements

Submit original completed Tuition Loan Repayment Application and supporting documentation to the assigned Human Resources Officer (HRO). If you are unsure who the assigned HRO is, please call (909) 387-5570.

Failure to provide the supporting documentation as outlined below will result in denial of your request. Please refer to your Memorandum of Understanding (MOU) for detailed information on the Tuition Loan Repayment Program provisions.

Claims Payment:

Employee must complete an application and submit supporting documentation for each disbursement of loan repayment.

Award amounts are set per year and payment shall not exceed the maximum award amount per year. Eligibility for award is based on two or more continuous years of service with the County. Continuous service is defined as the total length of service employee's date of hire in a regular position with no separation from the County.

Award amounts per year and qualifying years of service are outlined in the table below. For County employees who are currently in the Nurses Supervisory and Management Unit classification, year one will become effective July 1, 2020. For County Employees hired into the bargaining unit after July 1, 2020, year one will be the date the employee entered into a Nurses Supervisory and Management Unit classification.

Award amount per year effective July 1, 2020	Payment	Qualifying Years of Service
1	\$1,000	2 years of continuous service with the County
2	\$1,000	3 years of continuous service with the County
3	\$1,500	4 years of continuous service with the County
4	\$2,000	5 years of continuous service with the County
5	\$2,000	6 years of continuous service with the County

Employee may be eligible for an additional payment of \$500 over the maximum award amount. The additional award amount is contingent upon availability of funds. Claims above the maximum award amount will be reviewed at the end of the fiscal year in which the claim for payment was submitted.

Required Documentation:

Proof of valid licensure for your position. License must be unrestricted.

Proof of qualifying degree. Qualifying degree is defined as a degree from an accredited college.

Statement(s) from student loan lender that demonstrate the following:

- Loan is in good standing and not in default status.
- Proof of loan payments for the period of time in which reimbursement is being requested