



**MIAMI-DADE COUNTY TUITION REFUND PROGRAM
TUITION REIMBURSEMENT CLAIM FORM
ADMINISTRATIVE ORDER 7-4**

Instructions to Employees: Complete and submit this claim form to your Departmental Personnel Representative (DPR) or Tuition Refund Coordinator (TRC) within 30 days of receiving official grades. **Refunds are not payable unless you have a prior completed and approved "Approval to Participate in the Tuition Refund Program" (Form 108.01-66A) form on file.**

SECTION A: Employee Identification and Educational Program Information					
Last Name	First Name	M.I.	Employee ID #	Department	Employee Status Code
Title of Degree/Certificate Program		Name of Educational Institution		Dept./Div./Loc.#	Work Phone
Major	Program Start Date	Program Approval Date (108.01-66A)	Class Start Date	Class End Date	Term/ Year

- I have not received** any non-refundable financial assistance for this educational program.
- 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		(A)

SECTION B: Tuition Refund (Attach grade reports, detailed tuition payment receipts and proof of financial assistance/ awards)											
To be completed by the Employee							Departmental Use Only			ISD (PIM) Use Only	
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?	DPR/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 per A.O. 7.4 (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 Departmental Use Only	SECTION D: For Internal Services (PIM) Use Only
I reviewed this tuition refund application and the employee continues ___/has failed ___ to meet the requirements stipulated in A.O. 7-4 to 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. _____ Department Director or Designee Signature Print Name Date	Refund disbursement approved ___/not approved ___ (If not approved, explain reasons for disapproval) _____ Processed By Print Name Date