



Oklahoma County Education Assistance Process

Our tuition reimbursement program is designed to encourage you to expand your skillset, pursue advanced certifications, or complete a degree that aligns with your career aspirations. We aim to foster a culture of continuous learning where your commitment to excellence meets our dedication to workforce development.



To qualify for reimbursement, employees must meet all eligibility requirements and obtain the necessary departmental approvals.

ELIGIBILITY REQUIREMENTS

1. Be a full-time employee who has completed five (5) consecutive years of employment with Oklahoma County.
2. Be enrolled in an educational institution within the Oklahoma State System of Higher Education.
3. Pursue a degree, course or certification in a field relevant to employment with Oklahoma County.
4. Take for-credit course work related to a field in which Oklahoma County recruits.
5. You must not be on leave-without-pay status.
6. You must not have been formally disciplined within one year prior to submitting the application.
7. The training/course is not required and is not paid for by the employee's office or department.

APPROVAL PROCESS

Step 1:

Submit the [*Education Assistance Application \(Part A\)*](#) to the BOCC Human Resources department **no sooner than thirty (30) calendar days prior and no later than thirty (30) calendar days after the beginning of the quarter, semester, or another period** for which the tuition reimbursement is requested.

Your application will be reviewed, and you will be notified in writing of approval or denial within three (3) weeks of receiving the application.



Oklahoma County Education Assistance Process

Step 2:

After your application has been approved, submit a **Tuition Reimbursement (Part B)** to the BOCC Human Resources department **no later than thirty (30) days after completion of each quarter, semester or another period** for which tuition reimbursement is requested.

ACKNOWLEDGMENT

I hereby acknowledge that I have read and understood the attached **Continuing Education Tuition Reimbursement Program** policy, also available in the Employee Handbook.

I understand the guidelines and responsibilities applicable to me as an applicant and accept my obligation to comply with these policies throughout the reimbursement process.

I also understand that reimbursement shall be limited to a **maximum of \$1,500 per semester, \$2,500 per calendar year, and a lifetime maximum of \$10,000.00**. Employees with C average grades will only receive 75% of the reimbursement limit; D or below average grade will not receive any reimbursement.

I also understand that if I voluntarily leave Oklahoma County or if I am terminated with cause within 12 months after receiving assistance (date of last payment), I will be required to repay all or a portion of the funds according to Oklahoma County policy.

Employee Name: _____

Employee Signature: _____

Date: _____

2.19. Continuing Education Tuition Reimbursement Program

I. Policy:

Oklahoma County (hereinafter, “the County”) supports employee development by, effective January 1, 2021, offering tuition reimbursement to eligible employees who complete relevant education, pursuant to 19 O.S. §339 A 5, and BOCC Resolution 2020-708.

Procedures:

- A. The BOCC Human Resources Office will administer the program subject to available funding and approval by the Board of County Commissioners.
- B. To be eligible for tuition reimbursement an employee must:
 - 1. Be a full-time employee who has completed five (5) consecutive years of employment with the County;
 - 2. Be enrolled in an educational institution within the Oklahoma State System of Higher Education;
 - 3. Pursue a degree, course or certification in a field relevant to employment with the County;
 - 4. Take for-credit course work related to a field in which the County recruits;
 - 5. Submit a Tuition Reimbursement Application to the BOCC’s Human Resources Office no sooner than thirty (30) calendar days prior and no later than thirty (30) calendar days after the beginning of the quarter, semester or another time period for which tuition reimbursement is requested;
 - 6. Submit a Tuition Reimbursement Application for each quarter, semester or another time period for which tuition reimbursement is requested; and
 - 7. Commit to one year of employment with the County from the date of last tuition reimbursement.
- C. All courses must be taken outside of work hours unless the employee’s Elected Official or their representative gives written approval of an irregular work schedule. Employees with approved irregular work schedules will attend classes on their own time and will not receive pay for time spent in class.
- D. Reimbursement for educational assistance to any employee shall be limited to a maximum of \$1,500 per semester, \$2,500 per calendar year, and a lifetime maximum of \$10,000.
- E. Exclusions
 - 1. Employees are not eligible for tuition reimbursement if they are on leave-without-pay status.
 - 2. Employees who have been formally disciplined within one year prior to submitting

their application are not eligible for tuition reimbursement.

3. Training or courses required and paid for by an employee's office or department are not covered under the Continuing Education Tuition Reimbursement Program.

F. Acceptance or Denial

1. The BOCC Human Resources Office will notify the applicant in writing of approval or denial within three weeks of receiving the application.

G. Payment Guidelines

1. Employees will be eligible to receive no more than the IRS tax-exempt limit for tuition reimbursement per calendar year.
2. Eligible employees will receive tuition reimbursement as follows:
 - a. Employees with an A or B average: 100% reimbursement up to the tuition reimbursement limit,
 - b. Employees with a C average or receiving a passing grade (if a pass/fail course): 75% reimbursement of the tuition reimbursement limit,
 - c. Employees with a D or below average will receive no reimbursement.
3. College Level Examination Program (CLEP) will be treated the same as tuition.
4. Other educational costs, including tests, books, transportation, and room and board are the responsibility of the employee.
5. Applicants are encouraged to seek out other sources of financial assistance. Receipt of other sources of financial assistance will be considered to determine final reimbursement amount.

H. Receiving Payment

1. To receive payment an employee, within thirty (30) days of course completion, must submit to the BOCC Human Resources Office:
 - a. a report indicating a passing grade (if a pass/fail course) of "C" or higher for each course, or other evidence of satisfactory completion;
 - b. proof of payment through detailed itemized financial statement; and
 - c. documentation of having received any additional educational financial assistance.
 2. The BOCC Director of Health and Safety or designee may grant extensions for the completion of course work for medical and military reasons.
 3. Employees working on a thesis or dissertation may submit a letter from their professor stating that satisfactory progress is being made towards completion. An incomplete must be made-up within one year.
- i. Employees accepted under this program will be required to sign an agreement that will include repayment terms and conditions.

19 O.S. §339 A 5, and BOCC Resolution 2020-708



Oklahoma County Education Assistance Application (Part A)

**Submit application 30 days prior to the start of each semester to
countyHR@oklahomacounty.org**

Karen Kint, HR & Safety Director | Gianna Warhop, HR Generalist | Laura Willis, HR Specialist

HR Phone: (405) 713-1371 **HR Fax:** (405) 713-2300

1. EMPLOYEE INFORMATION

Full Name: _____ **Employee ID:** _____

Job Title: _____ **Department:** _____

Phone Number: _____ **Work Email:** _____

Employment Status:

Full-Time Part-Time Other: _____

Manager/Supervisor Name: _____ **Hire Date:** _____

2. EDUCATION PROGRAM INFORMATION

Name of Institution: _____

Institution Address: _____

Program/Degree/Certification: _____ **Field of Study:** _____

Type of Program:

- | | |
|--|---|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Professional Certification |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Master's Degree | |

Program Start Date: _____ **Program End Date:** _____

Estimated Tuition Cost \$ _____

***Please note that this program only covers tuition. It does not cover books, materials or any other fees.*

Scholarships, Fee Waivers, and/or Grants Received \$ _____



Oklahoma County Education Assistance Application (Part A)

3. BUSINESS JUSTIFICATION

1. How does this program relate to your current position, or a position/field in which Oklahoma County recruits?

 2. How will this education improve your performance or contribute to Oklahoma County?

 3. Is this education required for your current role? Yes No
-

4. EMPLOYEE AGREEMENT

I understand and agree to the following:

- Reimbursement requires proof of successful course completion (e.g., minimum grade requirement).
- I must submit official transcripts and receipts of payment through itemized financial statement for reimbursement.
- If I voluntarily leave Oklahoma County or if I am terminated with cause within 12 months after receiving assistance (date of last payment), I will be required to repay all or a portion of the funds according to Oklahoma County policy.

Employee Signature: _____ **Date:** _____

5. MANAGER APPROVAL

- Employee performance meets or exceeds minimum standards
- Employee is not on leave-without-pay status
- No formal discipline has been received within one year of this application

Manager Comments:

Manager Signature: _____ **Date:** _____



Oklahoma County Education Assistance Application (Part A)

6. HR APPROVAL

Approved

Denied

Reason: _____

HR Director or Representative

Name: _____

Signature: _____

Date: _____



Oklahoma County

Education Assistance Reimbursement (Part B)

Submit application for reimbursement no later than 30 days after completion of each semester to countyHR@oklahomacounty.org

Karen Kint, HR & Safety Director | Gianna Warhop, HR Generalist | Laura Willis, HR Specialist

HR Phone: (405) 713-1371 **HR Fax:** (405) 713-2300

1. EMPLOYEE INFORMATION

Full Name: _____ **Employee ID:** _____

Job Title: _____ **Department:** _____

Phone Number: _____ **Work Email:** _____

Employment Status: Full-Time Part-Time Other: _____

Manager/Supervisor Name: _____ **Hire Date:** _____

2. REIMBURSEMENT REQUEST

Course(s) for this request (attach additional pages if needed):

Course Name	Start Date	End Date	Grade	Cost

Total Tuition Cost \$ _____

***Please note that this program only covers tuition. It does not cover books, materials or any other fees.*

Scholarships, Fee Waivers, and/or Grants Received \$ _____



Oklahoma County Education Assistance Reimbursement (Part B)

3. PROOF OF SUCCESSFUL COURSE COMPLETION.

This form must include the following documentation:

- Official transcript or report indicating a passing grade
- Proof of payment through detailed itemized financial statement (showing \$ 0 balance)
- Documentation of having received any additional education finance assistance.

*****Incomplete documentation will result in delay of reimbursement*****

4. EMPLOYEE AGREEMENT

I understand and agree to the following:

- Approval is subject to company policy and available funding.
- All courses must be taken outside of work hours unless my Elected Official or their representative gives **written approval** of an irregular work schedule. If I am granted irregular work schedule, I will attend class on my own time and I will not receive pay for time spent in class.
- Reimbursement shall be limited to a **maximum of \$1,500 per semester, \$2,500 per calendar year,** and a **lifetime maximum of \$10,000.00.** Employees with C average grades will only receive 75% of the reimbursement limit; D or below average grade will not receive any reimbursement.
- If I voluntarily leave Oklahoma County or if I am terminated with cause within 12 months after receiving assistance (date of last payment), I will be required to repay all or a portion of the funds according to Oklahoma County policy.

Employee Signature: _____ Date: _____

5. HR APPROVAL

Approved **Amount Approved:** \$ _____

Denied **Reason:** _____

HR Director or Representative

Name: _____ Signature: _____

Date: _____