

Instructions for Processing The Professional Reimbursement for Student loans (Eligible Positions Only) Form Electronically and Manually

Instructions for Processing the Forms Electronically:

1. To access the application, go to [Personnel/Human Resources - Wayne County, Michigan \(www.waynecountymi.gov\)](http://www.waynecountymi.gov).
 - Under site navigation on the top, hover over "Government" and from the "Departments" dropdown select "Personnel/Human Resources".
 - Once on the "Personnel/Human Resources" page, select "Benefits" from the left side.
 - In the "Benefits" page you will find the "Tuition & Professional Reimbursement" tab on the left.
 - Then click on "General Tuition Reimbursement Form".
2. On the application, enter all information that is pertinent for you to complete.
3. Then, upon completion of your entries print out the form and provide it to your supervisor for his/her signature.
4. Submit the completed application along with your supporting documents for processing using one of the methods below:

Mail to:

**Wayne County Personnel/Human Resources
Division of Benefits Administration
500 Griswold, 9th Floor
Detroit, MI 48226**

Fax to: (313) 967-1228

Email to: Benefits@waynecountymi.gov

5. If you need confirmation that your application(s) have been received, call the Benefits Administration Division at (313) 224- 5157 or send an email to Benefits@waynecountymi.gov.

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 form(s) submitted. For **reimbursement approval you must follow the guidelines outlined in your Collective Bargaining Agreement or Benefit Manual (Executives Only). Failure to do so may result in reimbursement denial.**

COUNTY OF WAYNE – BENEFITS DEPARTMENT
Request for Professional Reimbursement for Student Loans (Eligible Positions Only)

PART 1: To be completed by Employee. Please "key in the information by using the tab button " or "fill out manually".
All boxes *must* be completed.

Last Name _____	First Name _____	MI _____	Employee ID # _____
Home Address (Street) _____	City _____	State _____	Zip Code _____
		Home Phone _____	Office Phone _____
Department/Division _____	Job Title _____	Work Address _____	

PART 2: To be completed by Employee.

Name of School/ Institution or University (Where Loan was Originated): _____

Date(s) of Attendance: _____

Grants Received for Date(s) of Attendance (Please Provide Proof if Any)?

Yes ☐ No ☐

Degree Completed (check) Yes ☐ No ☐

Loan Institution (From Which Loan Was Received): _____

Payment History (Note Proof of Payment Required...Banks Statements or Cancelled Checks)

(Use additional blank sheet of paper if necessary for additional payments)

Date Payment Made	Payment Amt.	Date Payment Made	Payment Amt.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL REIMBURSEMENT REQUESTED

I have read the Professional Reimbursement Program attached to this document and understand that approval and payment are subject to the provisions of the Reimbursement Plan.

Employee's Signature _____

Date _____

PART 3: To be filled in by Department Head. Check one and sign.

☐ I **RECOMMEND** approval of this application. I find this request for reimbursement of costs to be related to the employee's work for the County and I believe it will increase the value of this employee to the County.

☐ I **DO NOT RECOMMEND** approval of this application because: _____

Department Head's Signature _____

Date _____

PART 4: To be completed by the Benefits Department

Application is: ☐ **APPROVED** and is: ☐ **Non-taxable** ☐ **Taxable**

☐ **NOT APPROVED**

Reason "Not Approved": _____

Program Coordinator Signature _____

Date _____

Reimbursement is: ☐ **APPROVED** and is: ☐ **Non-taxable** ☐ **Taxable**

Program Coordinator Signature _____

Date _____

Authorized Fiscal Year Amount	\$ _____
Funds Previously Approved	\$ _____

ESTIMATED REFUND AMOUNT	\$ _____
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Total Loan Repayment Amount	\$ _____
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Wayne County Professional Reimbursement Program

Student Loan Repayment

Section 1 – Application Process

- A. Complete Part 1 and Part 2 of the Benefits Division Request for Professional Reimbursement Form.
- B. Employee's Department Head must authorize the request by completing and signing Part 3 of the application.
- C. Submit application for Student Loan Reimbursement either annually or bi-annually (every 6 months not to exceed twice per fiscal year, October 1 – September 30.)
- D. Determination regarding approval of student loans will be made by the Benefits Division based on job relevance **AND** availability of funds.
- E. The Benefits Division will review all applications and return the Original copy to the employee either approved or denied. If the application is denied due to missing information, the original date of application will be utilized when returned to the Benefits Division.
- F. Falsifying documentation or committing fraud for purposes of receiving reimbursement or failure to report other loan repayments/ grants under Section 2(A)(4) will result in discharge from employment.

Section 2 – Reimbursement Process

- 1. The Benefits Division will review the receipts, documentation, and authorize payment provided the following conditions have been met:
 - a. **The Original copy application along with proof of student loan repayments is resubmitted within a year of the last payment for which the student is currently asking for reimbursement.**
 - b. Employee is on the payroll with full-time/permanent status at the time the application is submitted **and** when the application is processed for payment.
 - c. Employee has not and will not be paid for the cost by any other institution, scholarship, or grant program. The amount of reimbursement will be offset to the extent that it is reimbursed or paid by other agencies, scholarships, grants, etc.

Section 3 – Payment Procedure

Employee should receive reimbursement payment within eight (8) weeks from the date the Benefits Division receives final request and documentation.

Note: Inquiries regarding the program should be addressed to the
Wayne County Benefits Division at:
500 Griswold 9th Floor, Detroit, Michigan 48226
Telephone: (313) 224-5157 or Fax: (313) 224-1228
Email: Benefits@waynecountymi.gov