



City of Miami Springs Full-time General Employee Tuition Reimbursement Program

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|-----------------------|--------------------------------------|
| Employee Name (print) | Department |
| Position Title | Date of Hire |
| School Name | Degree or Certification Being Sought |

| Beginning Class Date | Ending Class Date | Credits Earned | Total Tuition Paid* | Reimbursement Requested |
|----------------------|-------------------|----------------|---------------------|-------------------------|
| | | | | |

* Attach grades and receipt. Tuition reimbursement is limited to \$2,500 per employee annually.

I understand that courses eligible for tuition reimbursement must be 1) from an accredited public or private academic institution, 2) directly related to an employee’s particular job, position, or assignment, and 3) taken for academic credit toward a degree or certificate program. Tuition reimbursement is contingent on available funding and not guaranteed.

I further understand that reimbursement requires a grade of “C” or better, or equivalent, and is limited to \$2,500 per employee annually. I understand that tuition reimbursement is limited to tuition costs. Tuition that is covered by scholarships, grants, or employee discounts is not reimbursable. Tuition paid on credit or through a loan is reimbursable. Tuition reimbursement does not cover instructional materials (books, software, etc.), application fees, testing fees, audit fees, parking fees, meals, and similar expenses.

I also understand that I am obligated to remain employed by the City for a minimum of twelve (12) months from the date of completion of any college course for which the City has provided the employee a reimbursement. I understand that if I voluntarily leave the employment of the City prior to the expiration of this time period, I must repay the City all college tuition reimbursement received in the prior twelve (12) months. I understand the City will deduct the full reimbursement from my pay, and I will owe the City any remaining balance.

Employee Signature _____
Date

| Title | Approved | Denied | Date | Signature |
|-----------------|----------|--------|------|-----------|
| DEPARTMENT HEAD | | | | |
| HR DIRECTOR | | | | |
| CITY MANAGER | | | | |

TO: FINANCE DEPARTMENT

Please reimburse the employee \$ _____ that was expended for the above approved coursework. The Human Resources Department has reviewed receipts for tuition and grades.

Human Resources Director Signature _____
Date



Purchasing Department
201 Westward Drive - Second Floor
Miami Springs, Florida 33166
Phone: (305) 805-5054
E-mail: murgidoz@miamisprings-fl.gov

City of Miami Springs - Vendor Application

Business Name: _____

Doing Business As: _____

Make Checks Payable to: _____

Pay to Address: _____ City: _____ State: _____ Zip: _____
(if different)

Purchase Order Address: _____ City: _____ State: _____ Zip: _____
(if different)

Bid Address: _____ City: _____ State: _____ Zip: _____
(if different)

Telephone: (_____) _____ Fax: (_____) _____

Email Address: _____ Website URL: _____

Contact Person: _____ Title: _____

Federal I.D./Social Security No.: _____ Date Business Established: _____

Business is: Corporation Proprietorship Partnership Individual Other: _____

Primary business classification (check all that apply): Retailer Wholesaler Manufacturer Services
Prime Contractor Sub Contractor

Please provide proof of enrollment in E-Verify (MOU- Memorandum of Understanding) and check this box if form has been attached For more instructions on how to provide proof of enrollment please visit: <https://www.everify.gov/faq/how-do-i-provide-proof-of-my-participationenrollment-in-e-verify>.

If you are a sole-source provider, which is defined as the **only** supplier that can provide the City with specific goods or products, you will need to provide a sole-source letter on company letterhead and check this box if the letter has been attached.

If your business conducts business with other municipal government entities, and has a current and active cooperative purchasing agreement also known as “piggybacking”, in which the City may utilize this agreement to acquire the same commodities or services at the same or lower price from another public entity, please check this box to confirm the contract has been attached.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct.

Print Name: _____ Title _____

Signature: _____ Date: _____