Missouri Department of Transportation

Co-op Application for Educational Assistance

and Repayment Agreement

NOTE: If you want MoDOT to consider your eligibility for reimbursement of class(es)/course(s), this form must be completed and approved prior to beginning the class(es)/course(s).

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| --- | --- |
| Date : |  |

# A. TO BE COMPLETED BY EMPLOYEE

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| **Name (First, Middle, Last)** | | | | **Social Security Number**  **(Last four digits only.)** | | | | | **Job Title**  **(Do NOT abbreviate)** | | | | | | | | |
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| **Division/Office**  **(Per “Officials” List)** | | **Telephone Number**  **(Include Area Code)** | | **Location**  **(Example: District 6)** | | | | | Date of Employment | | | | | | | | |
|  | |  | |  | | | | |  | | | | | | | | |
|  |  | |  |  | **Days of Week** | | | | | | **Schedule of Class Hours** | | | | | | | |
| **Course Title**  **(Be Specific: Course number and title)** | **Credit Hours** | | **Beginning**  **Date** | **Ending**  **Date** | **M** | **T** | **W** | **TH** | | **F** | **From** | | | **To** | | | | |
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| Estimated Annual Leave Hours Per Week | | | | Tuition or Course Cost | | | | | | | | | | | | | |
| To Attend Above Course(s) | | | |  | | | | | | | | | | | | | |
| School You Plan to Attend  **(Do NOT abbreviate.)** | | | | **NOTE**: Reimbursement will be based on the University of Missouri – Columbia rates and final grade for the course. | | | | | | | | | | | | | |
| Number of College Credit Hours  Earned to Date | | | | **To Date** - Number of College Credit  Hours Reimbursed This Calendar Year | | | | | | | | | | | | | |
| Are you receiving, or going to receive, financial assistance (i.e., Scholarship, GI Bill, Pell Grant, etc.)? **If YES,** list type and amount. | | | | | | | | | | | | YES |  | | NO |  |
| Is this course either job-related or part of a degree program that is consistent with the department’s mission? If YES, specify degree. | | | | | | | | | | | | YES |  | | NO |  |
| Are you taking the course for a grade (i.e., A, B, C)? | | | | | | | | | | | | YES |  | | NO |  |
| **If NO,** is the course a pass/fail or for a certificate indicating successful completion? | | | | | | | | | | | | YES |  | | NO |  |
| If taking the course for a pass/fail, could the course have been taken for a grade? | | | | | | | | | | | | YES |  | | NO |  |

I have read, understand and agree to the terms and conditions of Personnel Policy 6504, “Educational Assistance,” and Personnel Policy 6500, “Cooperative Educational Training Program,” copies of which are attached hereto and incorporated herein. I voluntarily accept the benefits MoDOT is providing under Personnel Policy 6500 and Personnel Policy 6504. I understand that in consideration for my receipt of those benefits, I agree to repay MoDOT for these benefits as outlined in this application/agreement and Personnel Policy 6500.

I understand and agree to repay the department 100 percent of any tuition/education reimbursement received within the last 24 months from the effective date of any of the following:

* I drop out or leave school for any reason.
* I fail to satisfy college/universities and/or department’s Co-op program eligibility requirements.
* My employment is voluntarily or involuntarily terminated from the department for any reason during any phase of the Co-op program. This does not apply to terminations that are “coded” as required under section #14 of this Personnel Policy 6500, “Cooperative Educational Training Program,” for SAM II HR/Payroll System processing for an anticipated return to the department after completion of a school phase.
* I determine that I no longer want to participate in the Co-op program for any reason.
* I accept a full-time position with the department upon completion of the Co-op program, but then voluntarily or involuntarily terminate employment.
* I decline a full-time job offer from the department once I have completed the Co-op program. (Subject to EODD Director confirmation that job position offered is appropriate for student.)

I agree to fully repay the tuition/educational reimbursement to the department no later than thirty (30) days after the effective date of the reasons outlined above.

Upon being notified that I owe money to the department under this policy, I will be allowed a review period of no more than two business days to contest any or all of the repayment amounts owed. The department will provide me with documentation that supports the repayment amounts owed by me to the department under this policy. My review period of two business days will begin when the department provides me with the documentation outlined herein. I may elect to make a personal payment to the department to repay all or a portion of the repayment amount owed the department instead of having money withheld from my remaining paychecks and/or remaining annual or compensatory leave balances. However, if I request to pay by personal payment, the payment must be received by the end of the two-day review period. If the personal payment is not for the full repayment amount owed, the remaining amount owed will be withheld from my remaining paychecks and/or remaining annual or compensatory leave balances. If the full repayment owed is still not recovered by means of salary withholding and/or remaining annual or compensatory leave balance withholding, the department may establish a payment plan with me for the remaining amount owed. If a repayment plan is not entered into, or should I fail to comply with the established terms and conditions of the payment plan, the department may elect to pursue any or all lawful means to collect this repayment owed the department.

The Controller’s Division will coordinate and handle the collection of my repayment on behalf of the department.

I also agree to reimburse the department any monies that are mistakenly or inadvertently reimbursed to me in excess of the amounts allowed under the policy.

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| I understand and agree that nothing in this repayment application/agreement is intended to create any guarantee of employment by MoDOT and recognize that my employment is at-will at all times and MoDOT may terminate my employment with or without cause. | | |
| Date |  | Employee’s Signature (Use blue ink for signature) | |
| **NOTE:** Please forward application/agreement to your immediate supervisor. | | | |

## B. TO BE COMPLETED BY IMMEDIATE SUPERVISOR

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| If the employee is a male between 18 and 26 years of age, has he registered with the selective service system? | | | | | | N/A | |  | YES |  | NO | If NO -Disapproved |
| Has the employee received any disciplinary action (probation, suspension, or demotion) during the past year? | | | | | |  | |  | YES |  | NO | If YES - Disapproved |
| Has the employee completed six months salaried employment (six months if co-op participant)? | | | | | |  | |  | YES |  | NO | If NO -Disapproved |
| Is the course either graded, pass/fail, or a CLEP test? | | | | | |  | |  | YES |  | NO | If NO - Disapproved |
| Is the employee rated satisfactory or better on their most recent MAPS review? | | | | | |  | |  | YES |  | NO | If NO - Disapproved |
| Will these classes exceed the maximum allowed for reimbursement for this employee for this calendar year? | | | | | |  | |  | YES |  | NO | If YES -  **HR Director’s Approval Required.** Please refer to policy 6504 for further instructions. |
| I have read and understand the terms and conditions of Personnel Policy 6504, “Educational Assistance,” and I verify the employee meets the criteria as outlined in the policy. | | | | | | | | | | | | | |
|  | |  | | Approved | |  | Disapproved | | | | | | |
|  | | |  | |  | | | | | | | | |
| Date | | |  | | Immediate Supervisor’s Signature | | | | | | | | |
| **NOTE:** | Please forward approved application/agreement to the Human Resources Manager and Support Services Manager within your district/division/office for approval. | | | | | | | | | | | | |
|  | If disapproved for any of the above reasons, a copy of the application should be retained by the district/division/office and the original application/agreement should be returned to the employee.  If disapproved for reason(s) other than above, please state reason(s). | | | | | | | | | | | | |

## C. TO BE COMPLETED BY EODD DIRECTOR

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| --- | --- | --- | --- | --- | --- |
|  |  | | Approved |  | Disapproved |
|  |  |  | | | |
| Date EODD Director  **NOTE:**  A copy of the approved/disapproved application/agreement should be provided to the employee and a copy should be retained by the local HR and support services representatives for the purpose of record keeping.  Forward the original application/agreement to the Human Resources Division, Central Office. | | | | | |

## TO BE COMPLETED BY HUMAN RESOURCES MANAGER OR SUPPORT SERVICES

## MANAGER

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|  | Is the school the employee plans to attend accredited? |  | YES |  | NO | If NO – Disapproved |
|  | Have you verified that the “Date of Employment” indicated  by the employee is correct? |  | YES |  | NO | If NO – Disapproved |
|  | What employment status is correct for this employee?  Full-Time  Permanent Part-Time  Permanent Part-Time  (40 hours per week-salaried status) (30-39 hours per week) (20-29 hours per week) | | | | | |

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|  | | | |  | Approved |  | Disapproved | | | |
|  |  |  | | | | | | |
| Date | Human Resources Manager’s or Support Services Manager’s Signature | | | | |
| **NOTE:** If disapproved for any of the above reasons, a copy of the application/agreement should be retained by  the district/division/office and the original application/agreement should be returned to the employee.  If disapproved for any reason(s) other than the above, please state reason(s). | | | | | | | |