

City of Winter Haven
Commercial Driver License Assistance Application

Employee Name: _____ Hire Date: _____

Department/Division: _____ Position Title: _____

License Type: ☐ Class A ☐ Class B ☐ Class C

Request Type: ☐ Advancement ☐ Reimbursement

Name and Address of _____

City Approved Training _____

School or National _____

Business Institute (NBI) _____

Description of Job Relatedness: _____

Scheduled Training Date(s): _____

Training Course: \$_____ CDL Handbook Fee: \$_____ DMV Fee: \$_____

Other Fee(s): \$_____ Total Fee(s): \$_____

Describe: _____

As a requester and potential recipient of CDL License assistance, I acknowledge and agree to abide by all published program terms and conditions. Additionally, I will:

1. Submit all applicable fee receipts to Human Resources (HR) within fifteen (15) days of the training start date;
2. Resubmit for approval any alterations in schedules or training for which financial assistance was advanced;
3. First training and/or test will be taken during my regular scheduled work time, unless there are additional attempts to acquire said CDL license, then the training and/or test will be taken on my personal time and provide for my own transportation and related travel expenses, unless approved by my department/division director to do otherwise;
4. Promptly coordinate with HR and repay the City unused funds advanced;
5. Successfully complete the training with a certificate and/or CDL license being issued;
6. Provide proof of successful training and/or test completion to HR within fifteen (15) days of the training and test date;
7. Promptly coordinate with HR and refund the City CDL License assistance monies advanced or reimbursed for training and/or test not successfully completed, and
8. Certify the continuity of my employment with the City for a minimum period of two (2) years after the training and/or test completion date. If my employment with the City ends prior to my fulfilling the continued employment commitment, I will refund the City all CDL License assistance monies advanced or reimbursed; said refund will be deducted from my final check and if the final check is insufficient to cover the full value of the refund due, I will make other repayment arrangements through HR.

Employee Signature: _____ Date: _____

ADMINISTRATION USE ONLY

Request: ☐ Approved ☐ Denied

Account Number: _____

Division Manager: _____

Date: _____

Department Director: _____

Date: _____

Human Resources Director: _____

Date: _____