



## Education Reimbursement Program

### Purpose

To encourage full time employees to take advantage of reasonable opportunities for professional growth in their respective fields through training, education, and other self-development activities.

### Eligibility

Full-time employees, who have been employed by the City for at least 12 consecutive months, may apply for approval for City funding of job-related education. Applications received by July 1 are considered for the fall semester, and those received by November 1 are considered for the spring and summer semester of the next year.

### Amount and Availability of Funds

Subject to the availability of funds, the City may pay up to \$2,000 per fiscal year for course tuition plus the cost of the books for the course that is being reimbursed (up to \$350.00) for preapproved job related courses or training. In the event the employee participates in a "cohort" style program, the City will reimburse the material fee associated with the preapproved course to a maximum of \$350.00.

Approval must be granted by the department head prior to requesting reimbursement.

The costs are paid upon satisfactory completion of the course or training (C or better). Presentation of a receipt for tuition from the institution must accompany the transcript of the employee so that reimbursement may be made. Receipts for the cost of books must also be presented at this time. Application for reimbursement must be made to Human Resources within thirty days after receiving the final grade.

Effective January, 2016

EDUCATIONAL REIMBURSEMENT PLAN



REQUEST  
FOR EDUCATIONAL ASSISTANCE

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMPLOYMENT DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CURRENT POSITION: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

ESTIMATED COST OF TUITION AND BOOKS: \$ \_\_\_\_\_

JOB RELEVANCE OF COURSE: \_\_\_\_\_

SUPERVISOR COMMENTS: \_\_\_\_\_

EMPLOYEE COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

DEPARTMENTAL APPROVAL

\_\_\_\_\_  
Department Head Signature DATE

\_\_\_\_\_  
Division Head Signature DATE

**\*\*Upon Division Head Approval, please submit this request to the Personnel Office\*\***

EDUCATIONAL REIMBURSEMENT PLAN



REQUEST  
FOR FUNDS AFTER COMPLETION OF COURSE

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_

FINAL GRADE: \_\_\_\_\_

COST OF TUITION AND BOOKS: \$ \_\_\_\_\_

EMPLOYEE COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE DATE

\_\_\_\_\_  
DIVISION HEAD SIGNATURE DATE

\*\*Please attach transcript and tuition statement\*\*