

Policy 4.008 TUITION REIMBURSEMENT PLAN

ELIGIBLE EMPLOYEES

Any employee may apply for tuition reimbursement payment who meets the following criteria:

- Six months of continuous employment at C.E.S.;
- Scheduled to work 16 hours or more per week;
- Are on the payroll at the completion of the course;
- Has NOT received a formal written warning within a year prior to seeking approval or has received a formal written warning at any time after approval has been granted and the course is completed.
- Tuition reimbursement may be distributed retroactively within the first 6 months of employment only.

ELIGIBLE COURSES (one or more of the following)

Eligible courses for tuition reimbursement must be from accredited schools and/or organizations. This may include on-line courses that meet one or more of the eligibility criteria below and lead to either academic credit or a professional certificate. All course work eligible for reimbursement must be outside of regular work hours.

- A course designed to improve skills for current position at C.E.S., or
- A course that is part of a planned program leading to an academic degree or professional certificate related to a professional career at C.E.S.

The Office of the Associate Executive Director will review courses for meeting eligibility criteria.

REIMBURSEMENT CRITERIA

Reimbursement will be for tuition, including required course fees, for up to one course per semester.

Reimbursement for course work will be determined by the number of applicants divided by the set-aside amount designated for the semester.

Reimbursement will be made to the employee only if they have successfully completed all necessary requirements of the course and achieved either:

- A grade of B or better (for course offering a grade), or
- A passing grade (for courses solely offering Pass/Fail criteria)

ADOPTED: April 3, 2003

REVISED: October 5, 2017

REVISED: November 7, 2019

REVISED: November 2, 2023

APPLICATION PROCESS

The agency application must be completed and submitted in accordance with the following date for each application period:

- Fall Semester Course – July 1st
- Spring Semester Course – December 1st
- Summer Session Course – May 1st

The application for reimbursement must be submitted using the designated Google form.

APPROVAL PROCESS

Applications will be reviewed by the Executive Director within 30 business days of the application deadline. The Executive Director will decide the following:

- Whether the application for reimbursement is approved/denied;
- The amount of the reimbursement, if approved.

The Executive Director will convey all decisions to applicants in writing within one week (or 5 business days) of the review meeting. Applicants who are not approved for reimbursement will receive a written explanation of why the application was denied. All decisions on applications for reimbursement are final.

REIMBURSEMENT PROCEDURES

An employee will receive the tuition reimbursement authorized at the time of approval upon:

- Successful completion of the course and employment at C.E.S. at the time the course is completed;
- Providing a copy of the tuition receipt for the course;
- Providing an official grade report or transcript reflecting a B or better or a Passing Grade.

A reimbursement check will be issued in full to the employee within 4 weeks (or 30 days) of submitting all required documentation listed above.

A staff member only remains eligible for reimbursement if they are employed by C.E.S. at the time the course is completed. Resignation prior to the completion of the course is a “forfeiture” of the approved reimbursement.

FUNDING

Annually the Executive Director will recommend to the C.E.S. Representative Council a set aside amount for tuition reimbursement. This amount or maximum pool will be designated from the preceding year's fund balance. These funds will be placed in the Administrative Service's budget and designated exclusively for tuition reimbursement.

The cycle of applications will begin for fall courses for the designated fiscal year, followed by applications for winter/spring courses and then summer course offering.

The recommended reimbursement pool is: **\$50,000 to be distributed as follows:**

- Fall Courses = **\$18,000**
- Winter/Spring Courses = **\$18,000**
- Summer Courses = **\$14,000**

These target percentages may be modified at the discretion of the Executive Director.

Any unexpended reimbursement funds from the previous application period may be extended to the next application period for a given year. Any unexpended funds for a given fiscal year will be returned to the agency fund balance.

If the cost of the approved offerings for an application period exceeds the monies available for an application period, the reimbursement amounts for approved applications may be prorated below the maximum allowable reimbursement. Employees will be notified of this decision prior to the beginning of the course.



- SPRING
- SUMMER
- FALL
- YEAR: _____
- CERTIFIED
- NON-CERTIFIED

EID: _____

DOH: _____

SUBMIT COMPLETED APPLICATION TO THE ASSOCIATE EXECUTIVE DIRECTOR
APPLICATION FOR TUITION REIMBURSEMENT

FIRST NAME: _____ LAST: _____

ASSIGNED PROGRAM/DIVISION: _____

POSITION: _____

INSTITUTION: _____ COURSE NAME: _____

COURSE START DATE: _____ COURSE END DATE: _____

COST OF COURSE: _____

DOCUMENT ONE OR MORE OF THE FOLLOWING:

- How will this course benefit your current job skills?
- How will the course advance our position/career?

APPLICANT'S AGREEMENT: I have read and met the criteria for tuition reimbursement as stated in the C.E.S. Tuition Reimbursement Plan and I understand that the approval of this application is at the discretion of C.E.S. I further understand that reimbursement is contingent upon my remaining a C.E.S. employee at the time of completion of the course, and by obtaining a grade of B or better or a passing grade.

SIGNATURE OF EMPLOYEE: _____ DATE SUBMITTED: _____

SUPERVISOR'S ENDORSEMENT: _____
(Signature) (Date)

AGENCY RECOMMENDATION

Disposition to be completed by the Associate Executive Director

I have reviewed the tuition guidelines and this application. I DO DO NOT approve this request

Executive Director Signature

DATE REVIEWED: _____ AMOUNT TO BE REIMBURSED: _____

IF APPLICATION IS DENIED, STATE REASON: _____