

## **5.016. POLICY FOR TUITION REIMBURSEMENT PLAN CERTIFIED PERSONNEL**

### **I. ELIGIBLE EMPLOYEES**

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

- Two years of continuous employment at C.E.S.;
- Scheduled to work 20 hours or more per week;
- Attendance over prior two years of employment 95% or better (e.g., average of 177 days or better for full-year academic year employees).\*
- Recommendation of Program Administrator.

\*In the event that there is an extended absence in a given year due to a medical doctor certified disability for an employee, the attendance of the year prior to the most recent two year period may be considered in lieu of the year in which the absence due to the disability occurred.

### **II. 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.

### **III. REIMBURSEMENT CRITERIA**

Reimbursement will be for the cost of the course only.

Reimbursement for course work will be at the maximum rate of 70% of the total cost of the course but may not exceed \$750. Total reimbursement for the year for all eligible applicants will be limited to the set-aside amount designated for the year.

Reimbursement is limited to one course per employee per 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)

A staff member must continue as a C.E.S. employee **through the end of the fiscal year in which the course is taken** in order to remain eligible for actual reimbursement.

### **IV. EFFECTIVE DATE:**

This policy shall be effective July 01, 2007.

## **APPLICATION PROCESS**

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

- Fall Semester Course – July 1<sup>st</sup>
- Spring Semester Course – December 1<sup>st</sup>
- Summer Session Course – May 1<sup>st</sup>

The application for reimbursement must be in writing on the designated agency form (see attached).

The written application must be completed in its entirety and must be printed/typed legibly.

## **APPROVAL PROCESS**

Each application must have the written endorsement of the employee's immediate supervisor (e.g., Program Administrator) after consultation with the employee.

Applications will be reviewed by the Executive Director and Leadership Team within 30 business days of the application deadline. The Executive Director and Leadership Team 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.

## **POLICY 5.016**

## **REIMBURSEMENT PROCEDURES**

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

- **Successful completion of the course and continued employment at C.E.S. through the end of the fiscal year in which the course is taken;**
- 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.

**Reimbursement /s will be issued to employees by July 15th of each fiscal year.**

### **FUNDING**

Annually the Executive Director will recommend to the C.E.S. Representative Council the set aside amount for tuition reimbursement. This amount or maximum pool will be designated from the preceding years fund balance. These funds will be placed in the Executive Director'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: **\$30,000 to be distributed as follows:**

- **Fall Courses = \$11,000**
- **Winter/Spring Courses = \$11,000**
- **Summer Courses = \$8,000**

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 (70%). Employees will be notified of this decision prior to the beginning of the course.



**COOPERATIVE  
EDUCATIONAL  
SERVICES**

- 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?

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**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 through the end of the fiscal year in which the course is taken 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: \_\_\_\_\_