

TUITION REIMBURSEMENT PILOT PROGRAM APPLICATION

Prior to completing the attached application, please review the Tuition Reimbursement Pilot Program Procedures available on the District Downloads.

Application Deadline:

Applications for coursework beginning between January and June must be submitted no later than **November 1**, and applications for coursework beginning between July and December must be submitted no later than **April 1**.

Steps for Course Approval

1. Employee's must complete **Section I** of the Tuition Reimbursement Application form and review and sign the Tuition Reimbursement Program Agreement.
2. Obtain your immediate supervisor's approval as well as that of your College President/Vice Chancellor. District Office employees must obtain approval from their supervisor and their Vice Chancellor.

Note to Supervisors, College Presidents and Vice Chancellors: Approval of tuition reimbursement requests must be in accordance with the requirements of the Tuition Reimbursement Pilot Program.

The approved applications will be returned to the employee to be retained until completion of the course and must be submitted together with a request for reimbursement.

Steps for Reimbursement

To receive reimbursement for tuition, employees must complete **Section II** of the Tuition Reimbursement Request form and submit **Sections I and II** to the Office of Human Resources within 30 days of completion of the course. Include a copy of grades and tuition receipt(s). Reimbursement will be sent for courses for which you received a qualifying grade as described in the Tuition Reimbursement Pilot Program Procedures.

If you did not receive a qualifying grade for any course, the cost of the units or a prorated amount of the tuition will not be reimbursed.

If you are not an employee in good standing at the time the reimbursement payment is to be made, you will not be reimbursed.

Please refer to the Tuition Reimbursement Program Procedures for full details.

The District reserves the right to terminate, suspend, withdraw, amend or modify the Plan in whole or in part at any time.



Office of Human Resources
3401 CSM Drive, San Mateo, CA 94402
Automated Service Line: (650) 574-6555
Fax: (650) 574-6574

TUITION REIMBURSEMENT PILOT PROGRAM APPLICATION

Section I

Employee Name (Last, First MI)				Supervisor Name & Extension			
Job Title		Ext	Department/College		Employment Start Date		
Dates of Course:				Course Location (City and School):			
Course #	Course Title	Units	Days (e.g., MWF)	Times (e.g. 2-4)	Tuition Amount		
☐ I am ☐ I am not receiving other financial aid. (If yes, provide documentation of amount and how it will be applied.)							
This course is part of a (check the appropriate box below):							
☐ Graduate Degree Program. Name of Program:_____							
☐ Undergraduate Degree Program. Major:_____							
☐ Associate's Degree Program. Major:_____							
☐ Other:_____							
On a separate sheet of paper, please explain how the degree program is career related and your plan for completing the degree. Please attach program and course descriptions.							
Class Time (Check one box below)			Time off with pay is requested:				
☐ Course times can be accommodated outside my normal working hours, and I do not request time off with pay			Hours for Class Time (per week) _____				
			Hours for Travel (per week) _____				
			Total Hours (not to exceed 6 _____				
			Hours per week) _____				
☐ Course times will be accommodated by an adjusted work schedule			Total number of weeks in term _____				
SUPERVISOR'S REVIEW AND APPROVAL							
☐ The employee does not have any discipline pending.							
☐ The employee's overall job rating is "Exceeds Expectations" or higher.							
☐ As of the start of the course, the employee will have been employed at least 18 months since the completion of the employee's probationary period.							
☐ The employee's work, and the work of my department, will not be negatively impacted by any agreed upon changes to the employee's work schedule.							
☐ This course(s) is relevant to a career path at the District.							
The responses to the questions above are true and accurate and I approve this tuition reimbursement application.							
_____ Supervisor's Printed Name			_____ Supervisor's Signature			_____ Date	
Employee Signature			Date	College President/Vice Chancellor Signature		Date	
Vice Chancellor, Human Resources Approval			Date				

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Reimbursement Request Form

Section II

Employee's Name	Employee's G#
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I hereby request reimbursement for the below classes. In support of this request, I have attached the following documents:

- Official Grade Report/Transcript
- ☐ Final Tuition Bill/Receipt of Payment
- ☐ Financial Aid Documentation

Course Final Grade(s):

Course #	Course Title	Final Grade	Tuition Amount	Financial Aid Amount	Approved Reimbursement Amount (completed by HR)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Subject to the limits set forth in the Tuition Reimbursement Program, an employee shall be reimbursed 100% of the cost of the course for courses taken and completed with a final grade of "C-" or better. In cases where the grading system is required to be Pass/Fail, Satisfactory/Unsatisfactory, etc., an employee will be reimbursed 100% of the cost of the course taken and completed if the employee receives the grade that gives credit for the course. No reimbursement will be given if an employee voluntarily elects to take a course "Pass/Fail."

Employee Signature	Date	Administrator Signature
Vice Chancellor, Human Resources Approval	Date	Total Approved Reimbursement \$
District's Budget Officer	Date	Funding Account

TUITION REIMBURSEMENT PROGRAM AGREEMENT

This agreement is entered into between the San Mateo County Community College District (the “District”) and _____ (the “Employee”). Employee understands and agrees to the following:

1. The District will reimburse, upon the successful completion of eligible courses pre-approved by the District on Tuition Reimburse Program Application, the tuition costs paid by Employee, subject to the reimbursement limitations and qualifying grade requirements set forth in the Tuition Reimbursement Program Procedures.
2. Employee must obtain written approval from his supervisor, college president/vice chancellor and the Vice Chancellor, Human Resources prior to enrolling in the course. The request for approval must be submitted on the District’s standard form.
3. Employee agrees to provide the District with a copy of Employee’s official transcript reflecting the grade earned and a final statement/receipt reflecting the tuition paid in order to be eligible for reimbursement.
4. Employee agrees that if Employee does not complete the course with a grade of “C-“ or better, or the equivalent, or the Employee does not meet the eligibility criteria as set forth in the Tuition Reimbursement Program at the time the reimbursement is to be paid, Employee is ineligible for reimbursement even if approval for the course was previously granted.

Employee understands and agrees that if Employee leaves the employ of the District, voluntarily or involuntarily for any reason, before completing 5 years of service after the final tuition reimbursement amount was paid, the employee will have to repay the District the tuition reimbursements as follows:

For Graduate Programs:

<u>Years of Service after final reimbursement payment</u>	<u>Reimbursement Amount to be Repaid</u>
3 years or less	100%

For Undergraduate/AA Programs:

<u>Years of Service after final reimbursement payment</u>	<u>Reimbursement Amount to be Repaid</u>
2 years or less	100%
Between 2 years and 4 years	75%
Between 4 years and 5 years	50%

5. Employee understands that Employee is solely responsible for payment of taxes as a result of any reimbursement that may be found to be taxable. Employee also understands that the District's tax withholding policy and any decision to withhold or not withhold taxes from educational reimbursements do not constitute tax advice and Employee agrees to hold the District harmless from any claim associated with the District's decision to withhold (or not withhold) payroll taxes.
6. If it is determined at any time after receiving reimbursement that Employee and/or the course was not eligible for reimbursement pursuant to the Tuition Reimbursement Program, Employee will be required to repay the District for the full amount of any such reimbursement. To the extent allowed by the law of the State of California, Employee authorizes payroll deductions of the amount owed the District should payback be due to the District. To the extent that the payback is not accomplished through payroll deductions, Employee shall remit the balance due within 15 days of the issuance of a written demand or on other terms agreed upon by the District. Acceptance by the District of a partial or untimely payment shall not change these repayment terms or obligations.
7. Employee shall be responsible for all costs of collection, including court costs and attorney's fees, if Employee does not make the full repayment required under this Agreement.
8. All provisions of the District's Tuition Reimbursement Program not specifically contained in this Agreement shall apply. In the event of a conflict between the two documents, the terms of the Program shall prevail.

Employee Printed Name	Employee Signature	Date
San Mateo County Community College District	District Signature	Date
By: Vice Chancellor, Human Resources		