



AD-02-011 – EDUCATIONAL FINANCIAL ASSISTANCE POLICY

Purpose

The City encourages the continued education and professional development of its staff by assisting employees with certain tuition and related expenses as described in this Policy. This policy deals with education programs voluntarily undertaken by the employee. Policies and procedures with respect to mandatory training and educational events attended at the request of the City are found elsewhere.

The City will assist staff with costs related to voluntarily continuing education provided the participation is **approved in advance** by the Department Director and the City Manager. The following criteria, procedures, and rules typically apply:

The program is available to those who have been regular full-time employees of the City for at least one year. This requirement may be waived by the Department Head and the City Manager when special circumstances exist.

- The subject matter of the coursework must be job-related and relevant to the employee's work responsibilities described in the employee's current job description or another description within their career path. Additionally, training goals and objectives developed for the employee will be considered in determining if the requested course work is sufficiently job-related to qualify for assistance.
- Costs that may be considered for eligibility under this program include tuition, registration fees, exam fees, and required books and course materials. The maximum available under this program per term or semester is \$1000 or actual expenses whichever is lesser. The maximum benefit in any one calendar year is capped at \$2,000. Optional study aids are not eligible unless specifically authorized by the Department Director.
- Time required for study, travel to class, class attendance, exam taking, etc. related to such coursework is strictly the employee's personal time unless express permission has otherwise been granted during the approval process.
- The attached "Request for Educational Financial Assistance" form shall be submitted to the employee's manager. This form must be approved by the Department Director and the City Manager prior to enrollment.
- The City will reimburse the employee for the approved amounts upon receipt of appropriate documentation. Such documentation shall consist of proof of the amounts paid by the employee to the educational institution, transcripts showing satisfactory completion of the coursework (a "C" or better for a graded or a "pass" for a pass/fail course), and any other documents as may be required by the City.

- As part of this policy, the employee agrees to continue working for the City for one (1) year after receiving the reimbursement. If the employee leaves the City for any reason prior to the one year period, the employee must repay the City. Such repayment may be deducted for the employee's final paycheck.
- The Department Director and City Manager have sole and final discretion to determine whether courses or expenses qualify for this program and to determine exceptions.



City of Klamath Falls

EDUCATIONAL ASSISTANCE REIMBURSEMENT APPLICATION

PART 1: PRE-APPROVAL

Part I of this form (Pre-Approval) must be approved by Department Director and City Manager prior to first day of class.

Employee Information

Name:		Date:
Position:	Dept./Division:	
Work Phone:	Supervisor:	
Alternate Phone:	Hire Date:	
Email:	Regular/Full Time Employee*? <input type="checkbox"/> YES <input type="checkbox"/> NO	

*Employee must have been a regular full-time employee for at least one year unless otherwise approved.

Course Information

School:	Location:		
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Course Title:	Term:	Course #:	Credit Hours:
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Check all that apply:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Non-Credit	<input type="checkbox"/> Mandated by Law/Employer
	<input type="checkbox"/> Graduate	<input type="checkbox"/> Audit	<input type="checkbox"/> Licensure
	<input type="checkbox"/> Continuing Ed	<input type="checkbox"/> Thesis/Dissertation	<input type="checkbox"/> Certification

Is this course part of your degree program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, which degree?	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
Which field of study?	

Employee's Regular Work Schedule:	
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Course Schedule:	Anticipated Completion Date:
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Is the course available outside the employee's regular work schedule?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Describe specifically how this course contributes to maintaining or improving your current job skills, contributes to your professional development, and/or contributes to your department or the City of Klamath Falls.

Certification

I certify that the information submitted on this Educational Assistance Reimbursement Application is accurate to the best of my knowledge. I understand that Educational Assistance is not an absolute right and is subject to approval and operational needs. I understand that reimbursement is conditional upon proof of satisfactory completion of the course and upon availability of funds. Optional study aids are not eligible unless specifically authorized by the Department Director. Time required for study, travel to class, class attendance, exam taking, etc. related to such coursework is strictly the employee's personal time unless express permission has been otherwise granted during the approval process. I agree to repay all assistance received under this policy if I leave City employment within one year after receiving the assistance.

Employee Signature:

Date: _



City of Klamath Falls

EDUCATIONAL ASSISTANCE REIMBURSEMENT APPLICATION

Pre-Approvals

Approved Denied Comments:

Supervisor's Signature:

Date: _

Approved Denied Comments:

Department Director's Signature:

Date: _

Approved Denied Comments:

o HAVE ANY PREVIOUS EDUCATION REIMBURSEMENTS BEEN PAID OUT TO THE EMPLOYEE?

o If so when was the reimbursement made and how much was the reimbursement?

City Manager's Signature:

Date: _

Approved Denied Comments:

PART II: REIMBURSEMENT REQUEST

	Actual Cost	Amount Approved for Reimbursement**	Account Code
Tuition/Registration Fees:	\$	\$	
Lab/Course/Exam Fees:	\$	\$	
Books/Materials*:	\$	\$	
Total Reimbursement:	\$	\$	

Reimbursements requested must not have been paid with other financial awards.

*Books/materials, if reimbursed, become property of the department that paid the reimbursement

**The maximum available under this program per term or semester is \$1000.00 or actual expenses whichever is lesser.

Approved Denied Comments:

Supervisor's Signature:

Date: _

Reimbursement completed

Reimbursement issued on paycheck dated: _____

Payroll Technician's Signature:

Date: _