



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 voluntary continuing education provided the participation is **approved in advance** by the Department Director, HR, 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 when special circumstances exist.

- The subject matter of the coursework must be job-related and relevant to the employee's work responsibilities. Responsibilities described in the employee's current job description or another description within their career path or another position within the city. 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 fiscal 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 is to be submitted to the employee's manager. This form must be approved by the Department Director, Human Resources and the City Manager prior to enrollment.
- When practical, the City will pay the approved amounts directly to the educational institution upon receipt of an appropriate invoice. Books and other course materials will be paid to the vendor as invoiced or reimbursed to the employee with appropriate documentation. Upon such payment or reimbursement any such books or materials become the property of the City, on loan to the employee.

- Typically, the Educational Financial Assistance paid by the City constitutes a loan to the employee for up to a year. The employee must sign an Educational Financial Assistance Agreement whereby the employee agrees to repay all assistance received under this policy if (a) the employee leaves city employment within a year after receiving the loan; or (b) the employee fails to complete the course; or (c) in the case of a graded course, the employee fails to receive a “C” or better, or the equivalent, (or a “Pass” for Pass/Fail courses.)
- The Department Director and Human Resources 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, HR 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*? YES NO	

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

Course Information

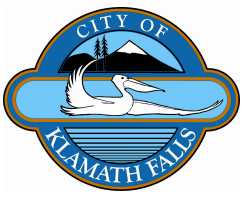
School:		Location:		
Course Title:		Term:	Course #:	Credit Hours:
Check all that apply:	Undergraduate Graduate Continuing Ed	Non-Credit Audit Thesis/Dissertation	Mandated by Law/Employer Licensure Certification	
Is this course part of your degree program? If YES, which degree? Which field of study?		YES NO Associates Bachelors Masters		
Employee's Regular Work Schedule:				
Course Schedule:			Anticipated Completion Date:	
Is the course available outside the employee's regular work schedule?			YES NO	
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 and Educational Leave are not an absolute right and are subject to supervisory approval and operational needs. I understand that reimbursement is conditional upon proof of satisfactory completion of the course and upon availability of funds, and I understand that any reimbursement I receive may be reported as taxable income. 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 understand any Educational Financial Assistance that I receive constitutes a loan to the employee for up to six (6) months. I must agree to repay all assistance received under this policy if (a) I leave City employment within six (6) months after receiving the loan; or (b) I fail to complete the course; or (c) in the case of a graded course, I fail to receive a "C" or better, or the equivalent, (or a "Pass" for Pass/Fail courses.)

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:

Human Resources' Signature: _____ Date: _____

Approved Denied Comments:

City Manager's Signature: _____ Date: _____

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: _____

Human Resources' Signature: _____ Date: _____

Reimbursement completed Reimbursement issued on paycheck dated: _____

Payroll Technician's Signature: _____ Date: _____