

## **Request for Employee and Dependent Educational Assistance Program**

To facilitate the professional growth and advanced educational development of all its employees and their dependents, the college will reimburse an employee for continuing education through an accredited program that either offers growth in an area related to their current position or specific program of study, or that may lead to promotional opportunities. (*Note: The cost of books, supplies, tools, program/institutional fees, and other related educational expenses are not eligible for reimbursement. For additional details see MATC Policy and Procedure No. 7.4.7.*)

## ELIGIBILITY:

- 1. A "Student" for purposes of tuition assistance, shall mean the employee or a spouse or any dependent that is currently claimed for federal tax reporting.
- 2. To be eligible for tuition assistance, you must be a full-time, regular employee who has completed six-months of employment and is continuously employed by the college on the "Student's" first day and last day of the class.
- 3. An adjunct faculty member who has taught for a total of ten semesters, excluding summer, is also eligible for tuition assistance per one semester per academic year.
- 4. The amount of tuition assistance shall equal or be no greater than \$500 of tuition only per semester unless otherwise stated. The cost of books, supplies, and any program/institutional fees are not eligible.
- 5. Tuition assistance shall only be made upon certification or successful completion of the course, which is defined as earning a grade of "C" or better, or a "pass" in a pass/fail course. Withdrawals, non-credits, audits, or incompletes are not eligible for reimbursement.

## **REQUEST PROCEDURE:**

- 1. Submit the following information within one calendar year from the beginning of the semester in which the class was completed to the employee's supervisor:
  - a. Completed Request for Employee and Dependent Educational Assistance Program form; and
  - b. Copy of appropriately marked official receipts showing course(s) has been paid in full; and
  - c. Copy of an official grade report showing successful completion of the course(s) from the approved provider.
- 2. Employee's supervisor, with the appropriate executive administrator, will approve or deny the request.
- 3. Approved requests are processed with the business office. Electronic copies of request form and supporting documentation will be maintained in employee's electronic personnel file in HR department.

## **EMPLOYEE SECTION:**

| Employee:                                   | Employee<br>Status:           | Full-time          | Part-time |
|---|-------------------------------|--------------------|-----------|
| Student <i>(if different from above)</i> :  | Relationship     to employee: |                    |           |
| Name of credit awarding entity/institution: |                               |                    |           |
| Semester Term/Year: Total # of credits      | earned:                       | Total Tuition amou | nt:       |



After the Employee Section has been completed and signed by the employee, the request should be submitted to the supervisor for verification, supervisor will obtain approval signature from Vice President or executive administrator designee. Completeded requests are submitted to the Business Office/Human Resources Department with a copy of appropriately marked paid receipts and grade reports to be processed.

By my signature, I certify that the above information is correct, and that any person for which a reimbursement claim is made meets the requirements as outlined above and as stated in Policy 7.4.7. I agree to provide appropriate documentation if requested by the college.

| nployee Signature  | Date       |
|--|------------|
| <ul> <li>SUPERVISOR VERIFICATION/APPROVAL:</li> <li>Does the employee and/or dependent meet qualifications for reimbursem</li> <li>Was the employee continuously employed on the first and last day of cla</li> <li>Have all the required documents been provided? YES</li></ul> | ss? YES NO |
| Tuition Reimbursement Amount     \$       Approved:  |            |
| EXECUTIVE ADMINISTRATOR APPROVAL:  |            |

| Date Reimbursement Processed: I | BO Initials: |
|---------------------------------|--------------|
|---------------------------------|--------------|