MANHATTAN TECH
MANHATTAN AREA TECHNICAL COLLEGE

Request for Employee and Dependent Educational Assistance Program

POLICY NO. 7.4.7

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" is defined as the employee, their spouse, or any dependent claimed on the employee's federal tax return.
2. Employees are eligible after completing six (6) months of continuous employment and must remain employed on both the first and last day of the course.
3. Full-time faculty and staff will receive priority consideration when approving tuition assistance requests.
4. Tuition assistance is limited to a maximum of $1,500 per individual per semester and applies to tuition only. Books, supplies, tools, and program or institutional fees are not eligible expenses.
5. Reimbursement is contingent upon successful course completion, defined as:
   A grade of "C" or better, or
   A "Pass" in a pass/fail course
   Withdrawals, audits, incompletes, and non-credit courses are not eligible.

Request Procedure:

1. Employees must submit an Intent to Use/Request for Educational Assistance form to the CFO prior to the start of each semester for which assistance will be requested. Approval is subject to funding availability and eligibility requirements.
2. To receive reimbursement, the employee must submit the following documentation to their supervisor within six (6) weeks of the course end date:
   - Completed Intent to Use/Request for Educational Assistance form
   - Official receipts showing tuition has been paid in full
   - Official grade report demonstrating successful completion
3. Requests will be reviewed by the appropriate executive administrator (CFO) in coordination with the employee's supervisor. The supervisor will notify the employee of approval or denial.
4. Approved reimbursements will be processed through the Business Office, and documentation will be retained in the employee's electronic personnel file in the Human Resources Department.
5. The College reserves the right to deny or limit tuition assistance if total requests exceed the budget allocated for the program in any fiscal year.

Employee Section:

Employee: _____ Employee Status: Full-time ☐ Part-time ☐

Student: *(if different from above)* _____ Relationship to employee: _____

Name of credit awarding entity/institution: _____

Semester Term/Year: _____ Total # of credits earned: _____ Total Tuition amount: _____

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. Completed 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.

Employee Signature: _____ Date: _____

SUPERVISOR VERIFICATION/APPROVAL:

Yes ☐ No ☐ Does the employee and/or dependent meet qualifications for reimbursement as outline?

Yes ☐ No ☐ Was the employee continuously employed on the first and last day of class?

Yes ☐ No ☐ Have all the required documents been provided?

If no, provide explanation: _____

Tuition Reimbursement Amount: _____ Approved: Yes ☐ No ☐

Supervisors Initials: _____

EXECUTIVE ADMINISTRATOR APPROVAL:

Approved: ☐ Denied: ☐ VP *(or designee)* Signature: _____

BUSINESS OFFICE VERIFICATION:

Date Reimbursement Processed: _____ BO Initials: _____