



Procedures Manual

Number: HR-311

Policy Number (if applicable): N/A

Office of Primary Responsibility: Human Resources

Title of Procedure: Tuition Reimbursement Procedure

Effective Date: March 31, 2022

Revised Date: March 31, 2022

Reviewed Date: March 31, 2022

Purpose

Hocking College encourages the professional development of its employees. To assist employees in the expansion of their knowledge and capabilities, it has established a procedure to reimburse employees who complete pre-approved curriculum which is relevant to the employee and their career at Hocking College. This procedure provides a framework for employees to request tuition reimbursement.

Maximum Tuition Reimbursement

The College will reimburse up to \$1,000 per semester but no more than the employee's incurred cost for taking a course. The incurred cost of taking the course is defined as the cost of course, less awarded Pell and scholarships.

Step 1: Employee requests approval for their degree/certificate plan

Employee completes a Request for Degree/Certification Plan Approval (Exhibit A). The form requires information about the school, a course outline, a schedule for all semesters of the program, a plan to make up work hours missed for classes taken during work hours, and justification of how the courses will benefit the employee and the College. Justifications should focus on how the curriculum will be a benefit in the employee's current role at the College.

All tuition reimbursement requires pre-approval of the employee's degree/certificate plan. Plans must be submitted for processing no later than 60 days before the start of any coursework.

Eligibility requirements include, but are not limited to:

- Employee must be a full-time employee with at least one year of continuous employment
- Employee must be in good standing and not subject to any disciplinary action within the past year
- Curriculum must be relevant to the employee's work at the College and successful completion of the curriculum must be demonstrated to be beneficial to the College

Note: Support can be withdrawn if employee is subject to disciplinary action or a performance improvement plan.

Step 2: Request for Degree/Certificate Plan Approval is reviewed

The College reserves the right to request additional information or deny the request for any reason.

Step 3: Sign Tuition Reimbursement Program Agreement

All employees approved to pursue tuition reimbursement will be required to sign a Tuition Reimbursement Program Agreement (Exhibit B). Per the agreement, the employee agrees that they are financially responsible for the amount of any tuition reimbursement received if voluntarily leaving the institution for any reason within 24 months of the completion of the degree/certification.

Step 4: Take courses

Successfully complete the courses pre-approved on the Degree/Certificate Plan. Changes to the course plan must be re-approved. Only courses completed with a "B" or higher will be considered for reimbursement.

Step 5: Request Reimbursement

Send Human Resources a Request for Tuition Reimbursement (Exhibit C), a copy of an account statement from College/University proving the course expense, and a copy of grade report proving that class was successfully completed.

Human Resources will confirm that all required information is on file and work with the Fiscal Office to issue a check for the reimbursement to the employee.

**Exhibit A
Request for Degree/Certification Plan Approval**

Date of Request: _____

Employee Name: _____

Department: _____

INFORMATION ABOUT CURRICULUM:

Name of School Attending: _____

Name of Degree Seeking: _____

Planned Start Date*: _____

Planned Completion Date: _____

REQUIRED ATTACHMENTS:

Course Outline: Schedule: Written explanation of how curriculum
will benefit employee and the College:
Authorization to make
up lost hours (if applicable):

Approval:

Supervisor: _____
Date

Dean (if applicable): _____
Date

Department VP: _____
Date

Fiscal Office: _____
Date

President: _____
Date

*Form must be submitted no less than 30 days before planned start date.

Exhibit B
Tuition Reimbursement Program Agreement

I, _____, understand that participation in the Tuition Reimbursement Program through Hocking College requires me to remain employed by Hocking College for a minimum of 24 months after the completion of my degree/certification.

I understand and agree that I will be held financially responsible for the amount of tuition reimbursement received from the College if I voluntarily resign from the College prior to the completion of the required timeframe.

I authorize and direct Hocking College to set-off any and all amounts owing to Hocking College under this agreement against any amount owing by Hocking College to me, including but not limited to, salary, wages, and vacation payout.

Employee Signature _____ Date _____

Employee Printed Name _____

**Exhibit C
Request for Tuition Reimbursement**

Date of Request: _____

Employee Name: _____

Amount of Request (Not to exceed \$1,000): _____

I certify all of the following:

- Degree/Certificate Plan has been approved for the curriculum I am requesting reimbursement
- Tuition Reimbursement Agreement has been completed and turned into Human Resources
- Copy of account statement from College/University proving the course expense is ATTACHED
- Copy of grade report proving that I received a "B" or better is ATTACHED

Signature _____ Date _____

Human Resources Checklist

- Confirm all above items are in file
- Submit requisition and supporting documents to fiscal office to process check

Human Resources _____ Date _____

**Exhibit D
Authorization to Make-Up Lost Hours
Tuition Reimbursement Program**

Employee Name: _____

Work hours during which I will miss due to my classes:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Total Number of Hours I will need to make up: _____

Hours during which I will make up my missed time:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

I understand that I am responsible for making sure that I make up all hours missed from taking classes, including but not limited to class hours and travel time.

Employee Signature

Date

Supervisor Approval

Date