

Application for Tuition Reimbursement Instructions

Eligibility:

Full-time employees may request, after **three months** of eligible employment, to participate in the Collin College tuition reimbursement program.

Eligible courses for reimbursement are limited to credit courses and up to **6 hours** of research course credit (including dissertation hours) from regionally accredited institutions **which are directly related to current or prospective job duties or which are required for a degree or major related to current position.** **“Prospective job duties” does not include development toward a career path position, but does include development for duties that are planned in the existing position.**

- ❖ **Example:** Adding budget responsibilities to a job description might allow reimbursement for an accounting course.
- ❖ **Example:** English courses, as well as Spanish and Developmental Writing, Developmental Reading, and most math courses might be eligible for reimbursement.

NOTE: An employee whose salary is 100% paid from a grant or contract is not eligible to participate in the paid time off component of the tuition reimbursement program. In addition, tuition reimbursement cannot be approved for a grant employee unless funds from the grant are available and approved for such reimbursement.

Enrollment/Reimbursement:

Employees may elect to enroll in a credit class on an audit basis and request reimbursement of the tuition as well as the audit fee. Completion of a course must be documented before any reimbursement can be processed.

- To receive reimbursement for tuition and fees, ***approval must be obtained from the appropriate supervisor prior to registering for an eligible course.*** Maximum reimbursement for full-time employees is \$800 each fiscal year (Sept. 1 – August 31).
- Employees may use up to three paid hours per week of regular work time to take an eligible course. These three hours are not approved for distance education courses. In addition, study groups and study time is not eligible for the three paid hours. Hours to be paid as work time for non-exempt employees should be recorded in Time Clock Plus (TCP) as “paid class time” (code 173).
- Time off may also be granted for what is considered a reasonable drive time to Denton, Commerce, Arlington, etc. for a 5 p.m., 5:30 p.m., or 6 p.m. class.
- At the supervisor’s discretion, any or all benefits listed on the Application for Tuition Reimbursement may be approved.

Prior to enrolling in a course, sections A and B of the approval sections of the Application for Tuition Reimbursement form should be completed.

Within 60 days after completing the course (a grade of C or better, or a P for Pass/Fail courses, is required) a copy of the original tuition and fee receipt, along with grade documentation should be submitted with the reimbursement form to the appropriate supervisor.

Reimbursement is made after receipt of all documentation and the completed reimbursement form with appropriate signatures.

To ensure course eligibility and appropriateness to current position, each course needs to be evaluated by the appropriate Leadership Team Member.

With prior documented supervisory approval, staff members may also take classes during work hours and adjust the regular work schedule to make up any lost time. Documentation of the adjusted work schedule should be forwarded to the Human Resources Office for inclusion in the employee’s personnel file.

NOTE: Reimbursement requests which are submitted without the appropriate advanced approvals will not be processed and the employee will not be reimbursed for the cost of the course.

**COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
APPLICATION FOR TUITION REIMBURSEMENT**

A. Application for Approval

Tuition reimbursement is requested to attend the following course(s). Collin College will reimburse eligible tuition and fees for full-time employees after successful completion of each class, up to \$800 per fiscal year (September 1 through August 31). (THIS FORM MUST BE APPROVED BY THE Employee's Supervisor and approved by the appropriate Leadership Team Member before the BEGINNING OF CLASS.) Please follow instructions included within this document.

Employee Name: _____ **Job title and Division:** _____

Name of College Attending: _____ **Current Semester:** _____ **Degree/Major Being Pursued (if applicable):** _____
_____ **Start** _____ **End** _____

Name of Course(s): _____ **Number of Credit Hours:** _____

Time & Days of Class(s): _____ **Collin College Continuing Education:** Yes No

Please explain how the course(s) are directly related to your current or prospective job duties, or attach degree plan indicating course is required for degree completion.

Current	Costs
Tuition:	\$ _____
Fees:	\$ _____
TOTAL:	\$ _____

- Requesting \$ _____ tuition reimbursement. (\$800 Maximum/Person per fiscal year)
- Requesting 3 paid hours per week to attend class.* (see attached schedule proposal, if applicable)
- Requesting adjusted work schedule to attend class.* (see attached schedule proposal, if applicable)

***Does not apply to distance education courses.**

Resources Information

Report below any financial assistance you expect to receive during the semester for which you are requesting tuition reimbursement. Include assistance from financial aid, third party billing, scholarships, etc.

_____ \$ _____
_____ \$ _____

Employee Signature _____ Date _____

EMPLOYEE: Submit form to supervisor – BEFORE BEGINNING OF CLASS.

B. Approval of Application

- Approval – The school and course(s) meet criteria; application for tuition reimbursement is authorized.
- Approval – The school and course(s) meet criteria; request for 3 paid hours per week to attend class is authorized.
- Approval – Adjusted schedule is approved.

Supervisor Signature _____ Date _____ Leadership Team Member _____ Date _____

C. Application for Payment

Attached is evidence of successful completion of the course(s) {a grade report or transcript showing a "C" or above} **AND** appropriate receipts detailing tuition, fees, and payment. Paperwork **AND** Class must be complete before reimbursement is made.

Employee Signature _____ Date _____

Return **ALL** required paperwork to supervisor and then forward to the appropriate Leadership Team Member.

D. Approval for Payment

Supervisor Signature _____ Date _____ Leadership Team Member _____ Date _____

AFTER FINAL APPROVAL COPIES TO BE DISTRIBUTED: Business Office for processing payment
Human Resources for employee records