



POLICY TITLE: Tuition Reimbursement Program

POLICY NO.: EB-1

I. PURPOSE

The purpose of this Policy is to develop a better-educated workforce. By utilizing educational opportunities, employees can enhance their job performance, professional development, productivity, and job satisfaction, which will in turn improve the value of the employee to the County.

II. GENERAL POLICY

- A. The training that employees participate in must be directly related to either their current County job or a job in their normal career progression or a field of study that will prepare the employee to make a career change within the County.
- B. The course(s) must be given by an accredited school, college, or university, and may include classroom, video-based, distance learning, web-based, or e-learning instruction.

III. PROCEDURE

- A. Employees must obtain pre-approval for tuition reimbursement under this Policy. To do so, employees must complete the Tuition Reimbursement Request Form (TRRF), which can be obtained from the Department of Human Resources, at least two (2) weeks prior to the commencement date of the schooling. Failure to obtain prior approval will result in denial of the tuition reimbursement request.
- B. The TRRF must be endorsed by the employee's department head and sent to the Department of Human Resources for approval by the Director of Health and Human Services.
- C. If and when the course is pre-approved, the TRRF will also serve as a request for payment at the conclusion of the course. Upon approval, the original TRRF is returned to the employee, with a copy retained by the Department of Human Resources.
- D. After completion of the pre-approved course, the employee must submit the original TRRF along with an official transcript of grades and proof of tuition payment. Proof of tuition payment may be established by providing either a registrar's receipt or a copy of a canceled check (front and back).

III. MONETARY REIMBURSEMENT GUIDELINES

- A. An employee may be subsidized for up to \$2,500.00 per calendar year. Total County expenditure per person over the course of an individual’s service to Washington County will be evaluated on a case-by-case basis. Factors will include an employee’s short- and long-term goals.
- B. The limit of \$2,500.00 per year includes the cost of course work, tuition, associated fees, and books and materials required by the course. Reimbursement is based on the following sliding scale.

Graded Course:

Grade A	100% Reimbursement
Grade B	90% Reimbursement
Grade C	80% Reimbursement
Below C	No reimbursement

Pass/Fail Course:

Pass	100% Reimbursement
Fail	No reimbursement

- C. If an employee is reimbursed for more than \$1,250.00 in any one (1) year, the employee must agree to remain in County employment for a period of two (2) years from the date of reimbursement. An employee who fails to meet this commitment will reimburse the County for any tuition paid in excess of \$1,250.00. The following examples explain how this provision is intended to work.

Example:

Employee receives \$2,500 reimbursement 7/1/2005
 Employee receives \$2,500 reimbursement 7/1/2006
 Employee leaves County employment 12/1/2006

End of Service Requirement

7/1/2007 (2-year requirement)
 7/1/2008 (2-year requirement +
 1 year from prior requirement)
 Employee would be required to pay
 County \$2,500 at time of
 termination.

- D. By accepting tuition reimbursement under the Policy, the employee expressly authorizes and directs that any sum to be reimbursed to the County under paragraph III.C. will be deducted automatically from wages and other employee compensation.
- E. The County’s reimbursement for an employee’s cost of a course which the employee has successfully completed does not represent a commitment of the County to continue the employee’s position or employment with the County.
- F. In financial hardship situations, the Director of Health and Human Services may authorize payment directly to the institution at the time of an employee’s enrollment in a course. In this event, the employee would be obligated to reimburse any amounts paid by the County if the employee does not successfully complete the course.

Policy Actions

Action Taken	Approval Date	Effective Date
Adoption	October 1, 1974	October 1, 1974
Revision	May 1989	May 1989
Revision	June 1994	June 1994
Revision	July 24, 2001	July 24, 2001
Revision	April 5, 2005	April 5, 2005
Revision	July 4, 2005	July 4, 2005
Content affirmed and renewed	November 28, 2017	November 28, 2017



Tuition Reimbursement Request Form

I, _____, hereby agree to the provisions of Policy No. EB-1 – Tuition Reimbursement Program (the "Policy").

The course(s) listed below relate to my duties as an employee of the Board of County Commissioners as confirmed by my department head, or will enhance my ability to make a career change within the County.

	<u>COURSE</u>	<u>TRAINING/EDUCATION</u>	<u>INSTITUTION</u>	<u>COST</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

TOTAL COST \$ _____

Explain how each course will enhance your ability to do your job or prepare you for future assignments. Please attach course descriptions.

Is this course part of a continuing curriculum? _____ YES _____ NO

If yes, explain what goal you are trying to achieve. Please list any programs you will be attending and estimate the period of time it will take you to reach your goal. Attach documentation describing the degree program, certification, or license requirements, etc., that you are trying to achieve.

I understand that I must secure approval of each course, pay for each course, and submit documentation of the satisfactory completion of the course to the Department of Human Resources. I further understand that if I receive tuition reimbursement for more than \$1,250.00 in any one calendar year, I must remain in County employment for two (2) years following the date of reimbursement. If I do not fulfill this requirement, I agree to repay any amounts that were reimbursed upon my termination. I hereby authorize and direct the Department of Human Resources to deduct the amount of any such reimbursement from any wage or other compensation I am otherwise due from the County, within the meaning of Md. Code, *Labor and Employment Article* §3-501(c).

Employee's Signature

Date

I agree that the courses listed are job-related and endorse this employee's participation in these courses. I further confirm that the departmental budget has the necessary funding to cover the cost of the course(s).

Department Head

Date

I approve/do not approve tuition reimbursement.

Director of Health and Human Services

Date

HR use only:

Employee's Name: _____

Date final grades received: _____

Eligible for reimbursement? _____ **YES** _____ **NO**

Percentage of reimbursement: _____ **%**

Dollar amount reimbursed: \$ _____ . _____