

CITY OF ORANGEBURG

TUITION ASSISTANCE PROGRAM GUIDELINES

REQUESTING APPROVAL

Responsibility

Action

Employee

At least two weeks prior to educational institution's registration deadline, employee completes the following forms: Request for Tuition Advance/Reimbursement, Payroll Deduction Authorization and Grade Report Authorization. The employee then forwards to Department Head. For Tuition Advancements, Tuition is paid directly to the College or University. For Tuition Advancements, An Invoice is required from the College or University stating all fees, tuition and book costs. If an invoice is not obtained, advancement will not be given.

Department Head

It is the Department Head's responsibility to verify that the employee is eligible for tuition assistance and that the class schedule does not conflict with employee's work schedule and requirements of his/her job. The Department Head reviews request, approves, completes and then forwards to City Administrator.

City Administrator

The City Administrator reviews request for approval and forwards all forms to the Finance Department.

Finance Department

The Finance Department prepares voucher, obtains required signature on voucher, processes payment and forwards check to employee if for reimbursement or to the College or University, if for advancement.

DISTRIBUTION OF GRADES

Responsibility

Action

Institution/Employee

The Institution/Employee submits original course grades (i.e., Diplomas, certificates, or grades) to Supervisor, a copy can be made at that time. No copies shall be turned in to Finance as part of backup for grades, an authorized school transcript must be attached to paperwork.

**AGREEMENT
TUITION REIMBURSEMENT/ADVANCEMENT PROGRAM**

_____ (“Employee”) wishes to pursue educational opportunities pursuant to the City of Orangeburg’s (“City’s”) Tuition Reimbursement Program (the “Program”), hereby applies for assistance through the Program and agrees to the terms of the Program and, in particular, agrees among other things, to the conditions and means of repayment as set forth below.

Tuition

1. Tuition will be advanced/reimbursed (circle one) at seventy percent (70%.) An employee can only receive tuition reimbursement for up to 130 credit hours. If advanced grades to be received by _____ **(no later than four (4) weeks after completion of class)**. Payment will be made to the College or University if tuition is advanced. No additional monies will be distributed until grades are received from prior distribution.
2. In the event Employee terminates employment with the City for any reason, all tuition advanced for course not yet completed shall become immediately due and payable, as per Employee’s Deduction Authorization, attached hereto as Attachment 1. In the event Employee voluntarily terminates employment with the City within three months of completing course(s), all tuition advanced shall become immediately due and payable as per Employee’s Deduction Authorization, attached hereto as Attachment 1. There will be no repayment obligation if the course is completed three months prior to an employee voluntarily terminating employment.

Reports of Status Changes - Grades

3. *Employee shall promptly report to the City any and all changes in Employee’s enrollment status in any individual course or overall course of study and shall promptly report and provide certified copies of final grade reports for all courses for which the City has advanced tuition fees.* Employee shall sign a Grade Report Authorization, attached hereto as Attachment 2, to enable the City to be a direct recipient of those grade reports. If the school honors that authorization and sends an original transcript of grades directly to the City, the Employee’s obligation to report grades will have been met.

Certification

4. Employee certifies that by signing this agreement that the City at any time can verify the employee/student grades with the College or University and also verify **any financial aid assistance** that the employee/student may be receiving. All financial assistance must be reported on this form this includes Pell grants, other grants and lottery money also. *A copy of your award letter must be attached to this form that notes the amount of assistance.*
5. Employee, by signing this Agreement, certifies that he/she has read carefully all of the provisions herein as well as the Tuition Reimbursement Program as it appears in the Employee Handbook and that he/she fully understands his/her obligation thereunder.

IN WITNESS WHEREOF, the undersigned has set his/her hand and seal this ___ day of _____, 20 ___.

WITNESS

EMPLOYEE

REQUEST FOR TUITION ADVANCE/REIMBURSEMENT

Employee Name: _____ SS# _____

Position: _____ Dept/Div _____

Hours Normally Worked Weekly or Biweekly: _____

Course Title And Number	Day & Time of Class	Name & Location of Educational Institution	Amount of Tuition	Time to Complete (length of class)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note the time period these classes are being taken. (Example: Spring Semester, 2006 – Jan 2006 – May 2006)

Degree/Certificate Name Sought _____ Time to Complete _____

1. What is your career objective and how will this program of study help you reach your objective?

2. Is the program of study required by your employer to meet the minimum educational requirement of your current employment? ____ Yes ____ No if No, Please explain _____
3. Will the program of study qualify you for a new profession? (Note: A position change is not a new profession if new duties involve the same general work.) ____ Yes ____ No
4. Are you receiving a grant, scholarship, lottery money, Pell Grant or additional funds toward continuing your education? ____ Yes ____ No If so, how much? _____ semester/other and from whom _____

You will need to attach your award letter from grants, scholarships, lottery assistance to verify the amount of assistance for this time period.

(Director – Complete This Section)

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Is the employee's employment status "regular", full-time? | ___ | ___ |
| 2. Was the employee rated fully satisfactory on his/her most recent performance evaluation? | ___ | ___ |
| 3. Will this program help the employee in his/her current profession or support realistic career goals that are compatible with the City's needs? | ___ | ___ |
| 4. Has the employee demonstrated sufficient interest to indicate that he/she plans to continue employment and thus justify the City's investment? | ___ | ___ |
| 5. Does this program of study conflict with the employee's normal work schedule? If yes, explain in #6 below. | ___ | ___ |
| 6. How will this program of study help the employee reach his/her career goals? _____ | | |
-

Approvals: _____

Department Head

Date: _____

City Administrator

Date: _____

**City of Orangeburg
Tuition Reimbursement Program
(Attachment 1)**

Payroll Deduction Authorization

I hereby authorize the City of Orangeburg to withhold from the payment of wages and other compensation due to me the sum of \$ _____ in the event my employment is terminated for any reason and tuition has been paid for courses (as described in Request Form dated _____) which have not been completed or in the event the course is completed within three months prior to my voluntarily terminating employment.

I CERTIFY THAT I HAVE READ CAREFULLY ALL OF THE PROVISIONS HEREIN AND I FULLY UNDERSTAND THE CONSEQUENCES OF THIS AUTHORIZATION.

Typed/Printed Name of Employee

Employee Signature

Date

**City of Orangeburg
Tuition Assistance Program
(Attachment 2)**

Grade Report Authorization

I, _____, being currently enrolled as a student at _____ (Name of School), and being recipient of tuition assistance from the City of Orangeburg, hereby authorize and request that a copy of all my final course grades issued after the date hereof be sent directly to the City of Orangeburg at the following address:

City of Orangeburg
Post Office Drawer 387
Orangeburg, SC 29116-0387

Signed this _____ day of _____, 20 ____.

Typed/Printed Name of Employee

Employee Signature

Employee Social Security Number