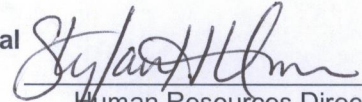
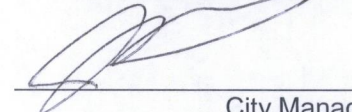


City of Riverside, California
Human Resources Policy and Procedure Manual

Approved:


Human Resources Director


City Manager

Number: IV-3 Effective Date: 02/18

SUBJECT: EDUCATION REIMBURSEMENT PROGRAM

PURPOSE:

To support a learning culture by encouraging employees of the City to pursue educational courses, certifications, licenses and other training programs which will increase their job proficiency, prepare them for promotional opportunities within the City, and improve the overall level of service provided by the City in furtherance of the City's strategic goals and initiatives.

POLICY:

The Human Resources Director or his/her designee is authorized, subject to the availability of funds, to provide training and educational assistance to City employees. The Education Reimbursement Program reimburses employees, who meet minimum eligibility requirements, for the cost of course fees after successful completion of an individual course or program.

When an employee is required by the department to attend a course or program, the expense shall be the responsibility of the respective department and employee. Such a course or program will not be eligible for the Education Reimbursement Program.

As a general rule, time spent on approved educational courses should be outside of scheduled working hours and shall not be considered as time worked for the City.

Employees are responsible for any income tax liability that may incur under this program.

1. Employee Eligibility Requirement - To be eligible for the Education Reimbursement Program, an employee must:
 - a. Be a regular full or part-time employee with the City of Riverside at the time of application and at the time of request for reimbursement;

- b. Not receive an overall rating of Unsatisfactory (2 or below) on a Performance Appraisal within the last twelve months; and
 - c. Not combine and/or receive educational benefits (i.e. grants or scholarships) under another state or public program, such as the G.I. Bill, for the same course or program.
2. School/Course Eligibility Requirements - To qualify for reimbursement, the course or program must meet one of the following criteria:
- a. A course in a degree program offered at an accredited institution; or
 - b. A course that leads to a certificate or prepares the employee for a professional credential or designation by an accredited institution, professional society, or private certificate granting agency.
3. Request for Approval - An employee must request pre-approval by completing and submitting the Education Reimbursement Application Form to the Human Resources Department prior to the beginning of a course. Requests submitted after a course has begun will not be processed.

Requests shall be reviewed and approved in the order they are received. In the event of insufficient budgeted funds, approvals shall be placed on a waiting list, and subject to final approval upon the availability of budgeted funds. The waiting list shall terminate at the end of each fiscal year. Only courses that receive final approval shall be reimbursed. In no event will a course be reimbursed if there are insufficient funds.

4. Request for Reimbursement - Reimbursement under this program will not exceed \$1,000 per course or program inclusive of all qualified expenses per fiscal year (\$1,500 for RPO Supervisory Unit and RPAA Management). Covered costs include registration, tuition, institution required fees, mandatory books and lab fees. Special fees, optional student service fees, food/meals, parking and mileage/transportation are not eligible for reimbursement.

To receive reimbursement, employees must obtain a final course grade of "C" grade or better. For Certificate, License, Professional Designation or other programs which do not provide a course grade, an employee must provide a copy of their Certificate, License or Professional Designation as proof of satisfactory completion.

In order to receive reimbursement, an employee must submit an Education Reimbursement Request for Payment with registration confirmation, verification of grades or satisfactory completion, and itemized receipts for all applicable expenditures to the Human Resources Director or his/her designee within 30 days of course completion.

In the event that an employee loses their employment status with the City for

reasons other than layoff, and has an approved application on file, he/she will not be eligible to submit a request for payment.

Attachments:

1. Education Reimbursement Application Form
2. Education Reimbursement Request for Payment Form



Education Reimbursement Program

Pre-Approval Application for a Certificate/Certification Program

Please complete and submit prior to the beginning of a certificate/certification program.

Name: _____ Department/Division: _____

Employee Number: _____ Phone Number: _____

Educational Institution/Private Certification Granting Agency: _____

Certificate/Certification Program Name: _____

Expected Month and Year of Certificate/Certification Program Completion: _____

Course Name	Course Dates		Estimated Cost (Registration and books)
	From	To	
			\$

How will this certificate/certification program benefit your current position or prepare you for advancement opportunities?

Read and initial that you attest to each of the following statements.

Initials

- This course is voluntary, is not considered hours of work and/or employment, and no compensation is earned. _____
- I am an employee in good standing and have not received an overall rating of unsatisfactory (2 or below) on a performance appraisal within the last twelve months. _____
- I am a full-time/part-time benefited employee. _____
- I must attach the certificate/certification program description for my supervisor to review. _____

Employee Signature _____ Date _____

Approvals

- I confirm that this Certificate/Certification Program will benefit the employee's current or future position.
- I have reviewed the Certificate/Certification Program description and verified the educational institution or private certification granting agency.
- This employee is in good standing and has not received an unsatisfactory rating (2 or below) on a performance appraisal within the last twelve months.

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Comments _____

Please forward this form to HR upon completion.

For HR Use Only

Available balance before current request: \$ _____ Estimated Reimbursement: \$ _____

Approved: Yes No Comments _____

HR Director/Designee Signature _____ Date _____



Education Reimbursement Program

Request for Payment Form

Certificate/Certification Program

Please complete and submit within 30 days of obtaining your certificate.

Name: _____ Department/Division: _____

Employee Number: _____ Phone Number: _____

Educational Institution/Private Certification Granting Agency: _____

Certificate/Certification Program Name: _____

Cost Breakdown	
Registration	Materials
\$ _____	\$ _____

I have successfully completed the Certificate/Certification Program, attached proof of completion or professional designation, and receipts in accordance with the Education Reimbursement Policy.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Note: The Department Head signature is not required. Please forward this form to HR upon completion.

For HR and Payroll Use Only

Account Summary Distribution

GL Key	Object	JL Key	Object	W/O No:	Amount
Education Reimbursement Program Coordinator			Human Resources Director/Designee Approval		
Signature _____ Date _____			Signature _____ Date _____		
Authorization for Payment			Authorization for Payment		
Accounting Designee			Finance Director/Designee		
Signature _____ Date _____			Signature _____ Date _____		



Education Reimbursement Program

Pre-Approval Application for Degreed Programs

Please complete and submit prior to the beginning of the course.

Name: _____ Department/Division: _____

Employee Number: _____ Phone Number: _____

University/College: _____

Degree/Major/University Extension Program: _____

Address: _____

Course Title	Course Dates		Estimated Cost (Tuition, books and required fees)
	From	To	
			\$
			\$

How will this course(s) benefit your current position or prepare you for advancement opportunities?

Read and initial that you attest to each of the following statements.

Initials

1. This course is voluntary, is not considered hours of work and/or employment, and no compensation is earned. _____
2. I am an employee in good standing and have not received an overall rating of unsatisfactory (2 or below) on a performance appraisal within the last twelve months. _____
3. I am a full-time/part-time benefited employee. _____

Employee Signature _____ Date _____

<p>Approvals</p> <p>This employee is in good standing and has not received an unsatisfactory rating (2 or below) on a performance appraisal within the last twelve months.</p> <p>Supervisor Signature _____ Date _____</p> <p>Department Head Signature _____ Date _____</p> <p>Comments _____</p> <p style="text-align: center;"><i>Please forward this form to HR upon completion.</i></p>	
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For HR Use Only

Available balance before current request: \$ _____ Estimated Reimbursement: \$ _____

Approved: Yes No Comments: _____

HR Director/Designee Signature _____ Date _____



Education Reimbursement Program

Request for Payment

Degreed Programs

Please complete and submit within 30 days of course completion.

Name: _____ Department/Division: _____

Employee Number: _____ Phone Number: _____

University/College: _____

Course Name(s): _____

Cost Breakdown		
Tuition	Required Registration Fees	Books
\$	\$	\$

I have successfully attained a grade of "C" or better and attached original receipts (or proof of a federal loan) for tuition, fees, and books in accordance with the Education Reimbursement Policy.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Note: The Department Head signature is not required. Please forward this form to HR upon completion.

For HR and Payroll Use Only

Account Summary Distribution

GL Key	Object	JL Key	Object	W/O No:	Amount
Education Reimbursement Program Coordinator			Human Resources Director/Designee Approval		
Signature _____ Date _____			Signature _____ Date _____		
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