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# **Professional Development Plan**

**South Texas College**

**Employee TUITION AND FEE REIMBURSEMENT**

**Guidelines, Responsibilities, and Application**

# SOUTH TEXAS COLLEGE - TUITION REIMBURSEMENT

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## Purpose

South Texas College is committed to lifelong learning opportunities for its benefit-eligible full-time faculty and staff. As a result, the College offers a tuition and fee reimbursement, **subject to availability of funds**, for courses taken at another regionally accredited public or private post-secondary institution within the State of Texas that comply with a specified degree plan or are directly job related. In addition, the College will offer a tuition and fee reimbursement, subject to availability of funds, for graduate distance learning courses at regionally accredited out-of-state institutions as well as for graduate and undergraduate distance learning courses at regionally accredited in-state institutions, according to the guidelines.

## Eligibility

All benefit-eligible full-time faculty and staff who have been employed in a full-time position at STC for a minimum of one year are eligible to participate.

## PRE-COURSE Enrollment Guidelines

Employees who have applied for and are eligible for state or federal aid must first exhaust these funds before becoming eligible for STC tuition and fee reimbursement program.

**The required application must be completed by the employee and approved by the employee's supervisor, department account manager, Admissions Office and the Office of Human Resources no later than five business days prior to the designated date for that particular semester. Failure to obtain prior approval will automatically forfeit this benefit for the current semester.**

Employees are also required to provide the following items with any tuition and fee reimbursement application submitted.

1. Copy of degree plan for field of study
2. A statement of educational purpose (Required if degree plan is not available. The course must be directly job related.)

The employee is expected to take coursework outside of his/her normal working hours. However, with prior written supervisory approval, staff members may take class during work hours and adjust the regular work schedule to make up any lost time. Approval for enrollment in a day course(s) should be granted only if the course is not offered during the evening or weekend. An approved modified work schedule and or an employee leave form will be required as attachments to the application.

Employees must determine whether the courses they are planning to enroll for can be taken at STC. If a particular course is offered at STC, the employee will not be reimbursed for taking it at another institution. If courses are not available at STC, the employee may take the course at another regionally accredited public or private post-secondary institution within the State of Texas.

Only courses that are contained in the degree plan or are directly job related and stated in the statement of educational purpose will be eligible for the reimbursement.

1. The tuition and fee reimbursement award is limited to \$800 per employee per fiscal year, regardless of whether the course is taken at a public or private institution or as distance learning (graduate distance learning courses at out-of-state institutions and undergraduate and graduate distance learning courses at in-state institutions) as long as the institution is properly accredited.
2. Tuition Reimbursement is applicable for courses that are required in a degree plan or for courses that are directly job-related.
3. Coursework undertaken solely for self-enrichment does not qualify for reimbursement.
4. Incidental fees, such as parking fees and late fees will not be reimbursed in any case.

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Course(s) must be approved and/or verified by

1. Employee's Supervisor
2. Department Account Manager
3. Office of Admissions/Records
4. Office of Human Resources

The Office of Human Resources will retain the approved tuition and fee reimbursement application until the employee submits for reimbursement at completion of the coursework.

## POST-COURSE Enrollment Guidelines

After the employee has obtained approvals for course enrollment for tuition and fee reimbursement, the employee should remit the following documentation **within 90 days of course completion or by no later than August 31<sup>st</sup> of the fiscal year, whichever comes first:**

1. Course enrollment itemized receipt with tuition and fee charges
2. **Current** Receipt of payment (i.e. institution issued receipt, cancelled check)
3. Copy of semester grades after completion of course

In order to be eligible for reimbursement for eligible tuition and fees:

- A grade of B or better must be earned in graduate level courses and
- A grade of C or better must be earned in undergraduate courses.
- Employee must be active at the beginning and ending of the semester in which coursework for tuition reimbursement is requested.
- Employee must be active at the time he/she applies for the tuition and fee reimbursement.
- Employee must submit department requisition, copy of grades, itemized statement of tuition and fees, and payment receipt within 90 days of course completion or by no later than 08/31 of current fiscal year, whichever comes first.
- Employee must be active on the date the department requisition for tuition and fee reimbursement is approved by the College President.
- Employee must continue full-time employment for two additional years (24 consecutive and continuous months) after receipt of the reimbursement. Reimbursement to the College will be required for tuition and fee awards at resignation for the amounts received within the past two years. **Credit will be granted for time worked (in months) since the last reimbursement.**
- A Promissory Note must be signed by the employee to acknowledge the requirement to repay the tuition and fee reimbursement award-due for each tuition reimbursement application.

## Reimbursement Processing Guidelines

A departmental requisition approved by the employee's department account manager should be forwarded to the Office of Human Resources **within 90 days of course completion or by no later than August 31<sup>st</sup> of the fiscal year whichever comes first**, with the following attachments:

1. Course enrollment itemized receipt with tuition and fee charges
2. Receipt of payment (i.e. institution issued receipt, cancelled check)
3. Copy of semester grades after completion of course

## **SOUTH TEXAS COLLEGE - TUITION REIMBURSEMENT**

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The Office of Human Resources will review the departmental requisition and course enrollment itemized receipt for non-reimbursable charges and verify if the employee is eligible for the requested reimbursement amount. Prior reimbursements will also be reviewed/verified on BANNER system.

### **Non-reimbursable charges may include:**

- Late registration fee
- Drop/add fees
- Student identification card fee
- Parking permit fee
- Transcript Fee

If such fees exist, the reimbursement amount will be corrected. The employee's tuition and fee reimbursement application will be combined to the received departmental requisition and required attachments and will be forwarded to the College President for final approval.

Once approved, the application will be returned to the Office of Human Resources. A copy of the approved application will be placed in the employee's personnel file and the original forwarded to the Business Office-Accounts Payable department for processing of the reimbursement payment to the eligible employee.

The original application will be kept with the Business Office documentation for processed tuition reimbursement payments.

# SOUTH TEXAS COLLEGE-TUITION REIMBURSEMENT-RESPONSIBILITIES

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## Responsibilities – Employee

1. Read and understand the Employee Tuition and Fee Reimbursement Guidelines
2. Obtain appropriate approvals and verify that required attachments are included:
  - a. Degree Plan
  - b. Statement of Educational Purpose (Required if a degree plan is not available. Course must be directly job related)
  - c. Modified Work Schedule (if applicable)
  - d. Employee Leave Form (if applicable)
3. Application must be completed in full and submitted to the Office of Human Resources **no later than five business days** prior to the begin date of the semester.
4. Original application will be retained at the Office of Human Resources.
5. Within 90 days of completion of the course or prior to 8/31 of fiscal year of application, submit itemized receipt of tuition and fee charges, receipt of payment, copy of semester grades, and departmental requisition to the Office of Human Resources. Amount claimed is limited to \$800 per fiscal year.

## Responsibilities – Supervisor and Account Manager

1. Approve the modified working schedule if not outside working hours
2. Approve Employee Leave Form (if applicable)
3. Approve Statement of Educational Purpose (if no degree plan is offered or required)

## Responsibilities – Office of Admissions and Records

1. Verify that the course(s) listed in section A of the employee's tuition and fee reimbursement application is/are not offered at STC.
2. If course(s) is/are available at STC, include course name, number and class time in space provided.
3. Signature of person providing verification is required and date verified. Return application to the employee to submit to Office of Human Resources.

## Responsibilities – Office of Human Resources

1. Determine if employee is full time, benefit-eligible
2. Verify that employee has been employed for at least one year.
3. Verify required attachments are included:
  - a. Degree Plan
  - b. Statement of Educational Purpose (Required if a degree plan is not available. Course must be directly job related)
  - c. Modified Work Schedule (if applicable)
  - d. Employee Leave Form (if applicable)
4. Determine amount of reimbursement (limit of \$800 per fiscal year).
5. Determine amount of reimbursement to the College upon resignation.
6. Maintain contract signed by the employee.

Retain application at HR; forward to Presidents Office if all required documentation is submitted within 90day timeframe for processing of reimbursement.

## Responsibilities – Business Office

1. Provide checks and balances by verifying validity of reimbursement (limit of \$800 per fiscal year).
2. Process approved tuition and fee reimbursement applications via AP check.
3. Provide a report to the Office of Human Resources, as needed, of the tuition and fee reimbursement payments processed. The report should include the employee name, A#, check issue date and check amount.

# TUITION REIMBURSEMENT APPLICATION for employees

After completion of Section A and Section B, this application must be submitted to the Office of Human Resources no later than five business days prior to the College/University semester's first day of class.

## SECTION A: EMPLOYEE INFORMATION

Name	
A#	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF
Department Name	

## SECTION B: Academic Information

NAME OF ACCREDITED COLLEGE/UNIVERSITY	
SEMESTER/YR	Semester: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER ___ Year: _____
TOTAL CREDIT HOURS	_____ Hours
HAS FINANCIAL AID BEEN APPLIED FOR? RECIPIENT?	FINANCIAL AID APPLIED FOR? ___ YES ___ NO FINANCIAL AID RECEIVED? ___ YES ___ NO
DEGREE PLAN ATTACHED?	___ DEGREE PLAN ___ STATEMENT OF EDUCATIONAL PURPOSE

**COURSE NAME**

**SECTION NO.**

**CLASS DAY/TIME**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Agreement and Signature

By submitting this application, I acknowledge I have read and understood the appropriate guidelines which are an integral part of this application. **I understand submission of this Tuition Reimbursement application is subject to the availability of funds.**

Name (printed)	
Signature	
Date	

## SECTION C- SUPERVISOR/ACCOUNT MANAGER APPROVAL

1. Is coursework outside the employee's required work hours? (check one):  Yes  No

If yes, sign in space provided below. If no, continue to next question.

2. Is the employee's work schedule being modified? (check one):  Yes  No

If yes, approve and attach modified work schedule and continue to next question. If no, sign in space provided below.

3. Is employee requesting to use available vacation hours? (check one):  Yes  No

If yes, approve and attach employee leave form and sign in space provided below.

_____	_____	( ) _____
Supervisor's Signature	Date	Office Number
_____	_____	( ) _____
Department Account Manager's Signature	Date	Office Number

**FORWARD TO OFFICE OF ADMISSIONS FOR COURSE VERIFICATION, THEN OFFICE OF HUMAN RESOURCES**

# TUITION REIMBURSEMENT APPLICATION for employees

## SECTION D – OFFICE OF ADMISSIONS AND RECORDS

1. Is any course listed on this Tuition Reimbursement application offered at STC?  YES  NO

2 (If yes, list the course that is offered at STC in space provided below and provide verification signature)

COURSE NAME	SECTION NO.	DAY/TIME
_____	_____	_____
_____	_____	_____

Verified by: \_\_\_\_\_ Date \_\_\_\_\_

## SECTION E – OFFICE OF HUMAN RESOURCES APPROVAL

- Employee date of hire in regular position: \_\_\_\_\_
- Dept. Account Number: \_\_\_\_\_ Dept Name: \_\_\_\_\_
- Is employee eligible for Tuition Reimbursement?  Yes  No  
 \$800.00 FISCAL YEAR LIMIT  
 LESS THAN \$800.00 \$ \_\_\_\_\_ Reimbursement Amount approved
- Applicable documents (check all that apply)  PROMISSORY NOTE FOR TUITION REIMBURSEMENT (REQUIRED)  
 Degree Plan  Statement of Educational Purpose  Modified Schedule/Leave Form

HR Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

**HR WILL RETAIN APPLICATION UNTIL COURSE COMPLETION**

## COURSE COMPLETION PROCESS

### REQUIRED DOCUMENTATION ATTACHED – VERIFIED BY HR

DEPT REQUISITON  ITEMIZED STATEMENT/RECEIPT OF PYMNT  COPY OF GRADES (Undergrad C or better  
(Grad B or better)

Verified by HR: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL OF REIMBURSEMENT PAYMENT

College President: \_\_\_\_\_ Date: \_\_\_\_\_

### BUSINESS OFFICE – PROCESSING OF TUITION REIMBURSEMENT

REIMB AMOUNT PD: \$ \_\_\_\_\_ CHECK ISSUE DATE: \_\_\_\_\_  
SEMESTER/YEAR: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

# SOUTH TEXAS COLLEGE - PROMISSORY NOTE

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## Participation in Part C-Prof Dev Prog: TUITION REIMBURSEMENT for Employees

As a condition of receipt of tuition reimbursement at a total of \$800 per each fiscal year,

I, \_\_\_\_\_ from the department of \_\_\_\_\_  
(Name of Employee requesting reimbursement)

\_\_\_\_\_ agree to the following conditions on repayment.  
(Department/Division)

1.) I, \_\_\_\_\_, as maker of this note, agree to pay to the SOUTH TEXAS COLLEGE the sum of tuition reimbursements provided to me within the last two years less credit for time worked since each reimbursement was received.

and

2.) Should I remain continuously employed at South Texas College for 24 consecutive months after receipt of the tuition reimbursement, this note shall be considered paid in full and any obligations arising from this note shall be voided after said date.

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
PRINTED NAME of WITNESS

\_\_\_\_\_/\_\_\_\_\_  
EMPLOYEE A# and last 4 digits of SSN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Original must be attached to *each* application for TUITION REIMBURSEMENT prior to submission to the Office of Human Resources.**

PROMISSORY NOTE FOR: \_\_\_\_\_  
SEMESTER YEAR



## TUITION REIMBURSEMENT - MODIFIED SCHEDULE for EMPLOYEES

### MODIFIED SCHEDULE REQUEST

EMPLOYEE NAME	
A#	
SEMESTER DATES	
DEPARTMENT NAME	
SUPERVISOR NAME	
REGULAR WORK HOURS	

In accordance with the guidelines established for institutional tuition reimbursement benefits, I am requesting a modified work schedule for the duration listed above to enroll in course(s). I understand that any work -week that I do not work a total of 40 hours will be charged to available vacation hours (staff only) or designated approved leave without pay.

Day of Week	In	Out	In	Out	Total Per Day
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>Total Per Week</b>					

### SIGNATURE SECTION

_____		_____	
Employee Signature		Date	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved		
_____		_____	_____
Supervisor Signature		Date	Office Number
_____		_____	_____
Office of Human Resources Verification		Date	Office Number

# TUITION REIMBURSEMENT – STATEMENT OF EDUCATIONAL PURPOSE

## TO BE COMPLETED ONLY IF DEGREE PLAN IS NOT AVAILABLE

EMPLOYEE NAME	
A#	
DEPARTMENT NAME	
SUPERVISOR NAME	
DEPENDENT's NAME	
DEPENDENT's A#	
SEMESTER DATES	

## INTENT OF EDUCATIONAL OBJECTIVES

Summarize the intent of educational objectives and intended field of study– relate how this course is directly job related if applicable.

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## SIGNATURE SECTION

<hr/> Employee Signature	<hr/> Date	<hr/> Office Number
<hr/> Supervisor Approval	<hr/> Date	<hr/> Office Number
<hr/> Department Account Manager Approval	<hr/> Date	<hr/> Office Number