



## CITY OF GULFPORT EDUCATIONAL ASSISTANCE PROGRAM

### OVERVIEW

The City of Gulfport is committed to helping employees of the City continue their education and develop in their professional careers. In keeping with this philosophy, the City has established an Educational Assistance Program to recognize the motivation of employees who choose to pursue higher and continuing education by reimbursing them for expenses incurred through approved accredited colleges or universities.

### ELIGIBILITY

An employee is eligible for tuition reimbursement under the Educational Assistance Program if the following criteria are met:

- The employee must be full-time working 40 or more hours per week
- The employee must have one year continued service with the City of Gulfport
- The employee must discuss course work and career goals with his/her Department Director or designee  
The application must be approved by the Department Director or designee
- The employee must be a successful performer with no final written counseling for the previous six months of the semester of which the application is being submitted

### POLICY GUIDELINES

If all eligibility qualifications and policy guidelines are met, the Educational Assistance Program will cover the following items:

- The City will reimburse up to a maximum of **\$1500** per fiscal year incurred by an employee for continuing education courses through an accredited college or university. Courses may include college credit courses, continuing education unit courses and certification tests
- Tuition
- Registration fees
- Rental or purchase of books
- Lab fees

Athletic expenses, meal cards, medical, application, or other fees are not eligible for reimbursement.

If an employee is eligible to receive other educational assistance from another program (i.e. scholarships, G.I. Bill, grants, or if the course is paid for by the employee's department), then the employee must exhaust that aid and provide proof of exhaustion before requesting tuition assistance from the City of Gulfport. Proofs of exhaustion may include:

- Current Financial Aid transcripts or official documentation from the school that states the employee is not eligible for aid
- Documentation from the employee's department stating that tuition assistance availability status through other measures (i.e. Police Department College Assistance Program; courses related directly to an employee's current positions that are eligible for departmental budget reimbursement)

The approval for reimbursement of the course(s) is dependent on the course and its relevance to the employee's current position or a potential future position with the City.

The Educational Assistance Application must be received by the Human Resources Department two weeks in advance of the commencement of the class.

The employee must pay his/her tuition and other eligible fees in advance and provide proof of payment.

All employees are required to sign an agreement to reimburse the City if he/she leaves employment either voluntarily or involuntarily prior to one year after tuition assistance has been received. The repayment will be prorated according to the employee's length of service. In the event of a reduction of force, the City will not enforce the repayment agreement.

## **POLICY GUIDELINES**

Reimbursement is not made if the employee leaves the City for any reason before the course is completed.

The employee must complete the course. Incomplete courses are not eligible for reimbursement. Courses where the employee has withdrawn are not eligible for reimbursement.

The amount of reimbursement will be determined by the employee's final course grade and is based on the following schedule:

- 100% - A
- 75% - B
- 50% - C
- 0% - D or below

Funding of the Educational Assistance Program is limited. If funding of the program is nearing exhaustion, reimbursement will be given in the order that applications are received by the Human Resources Department. If more than one employee is seeking reimbursement and both of their applications are received on the same day, then higher priority will be given to the employee who has served the City in a full-time capacity the longest.

Upon completion of the course(s), the employee will submit proof of his/her grades. Grades must be received by the Human Resources Department within 30 days of the completion of the course. Reimbursement should take place within 30 days of receipt of all necessary documents.

The City of Gulfport Human Resources Department has the right to modify the guidelines, policies or procedures of the Educational Assistance Program at any time without prior notice. Information supplied herein is accurate as of 1/10/2008.

## **PROGRAM PROCEDURE**

1. The employee obtains an Educational Assistance Application from the Human Resources Department.
2. Eligibility requirements are satisfied.
3. The employee reviews the Educational Assistance Program Guidelines.
4. The employee completes the application in entirety (incomplete applications will not be considered).
5. The employee discusses course work and career goals with his/her Department Director or designee and obtains Course Approvals by the Department Director or designee.
6. The employee returns the completed Application, proof of payment, and proof of exhaustion of Financial Aid (if applicable) to the Human Resources Department within two weeks of the commencement of the course(s).
7. The employee pays for his/her tuition, books & fees in advance.
8. Following the completion of the course(s), the employee submits the proof of grade to the Human Resources Department. Grades must be received within 30 days of course completion.
9. Human Resources coordinates reimbursement with the Accounts Payable Department.

## **QUESTIONS**

Contact the Human Resources Department at 868.5831 with any questions you may have about the Educational Assistance Program.



## EDUCATIONAL ASSISTANCE APPLICATION

**Complete all information in blue or black ink. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Hire Date

\_\_\_\_\_  
Position / Department

\_\_\_\_\_  
Phone

### COURSE INFORMATION

_____ Course Name	_____ Course #	_____ # Credits	_____ Start Date	_____ End Date	_____ Tuition Amt. Per Semester Hour	<input type="checkbox"/> Online
_____ Course Name	_____ Course #	_____ # Credits	_____ Start Date	_____ End Date	_____ Tuition Amt. Per Semester Hour	<input type="checkbox"/> Online

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_

### ADDITIONAL INFORMATION

Have you applied for tuition assistance within the last year? Yes No

**Excluding student loans**, is financial assistance being obtained from any other source (i.e. grant, scholarship, G.I. Bill, etc.)? Yes No

If yes, name of source(s): \_\_\_\_\_

### ACKNOWLEDGEMENTS & REPAYMENT AGREEMENT. Read carefully, initial each statement, sign & date.

\_\_\_\_\_  
(initial) I certify that all information listed above is true and correct. I understand that any false or misleading information given in my application could result in the revocation of tuition assistance funds.

\_\_\_\_\_  
(initial) I acknowledge having received a copy of the Educational Assistance Program procedures and understand that I am responsible for compliance with the policies & procedures contained therein.

\_\_\_\_\_  
(initial) I attest that I have read the procedures and guidelines of the Educational Assistance Program and understand that it is my responsibility to ask questions of the Human Resources Department if there is information that I do not fully understand.

\_\_\_\_\_  
(initial) I understand the guidelines represent only current policies, procedures, regulations and benefits and that the City of Gulfport may make changes without prior notice.

\_\_\_\_\_  
(initial) If I voluntarily or involuntarily separate from the City of Gulfport for any reason other than reduction of force within 12 month of receiving tuition assistance, I agree to repay any reimbursement paid to me during that 12 month period.

\_\_\_\_\_  
(initial) I understand that if I fail to repay any amount owed, the City of Gulfport may take legal action to obtain the reimbursement. I agree to pay personal jurisdiction in a State Court in Mississippi and agree that jurisdiction is proper in this venue. I further agree that if the Court orders repayment that I will be responsible to pay all costs and reasonable attorney's fees.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**COURSE APPROVALS**

Is the course job-related? Yes No

If no, how will the course benefit you in your current job or in a future position with the City of Gulfport?

State your career goals (use additional page is needed):

Are you currently enrolled in a degree program? Yes No

If yes, what type of degree? Associate's Bachelor's Master's Doctorate

What is your major? \_\_\_\_\_

What is your class level? Freshman Sophomore Junior Senior

If pursuing something other than a degree, please indicate: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE'S DEPARTMENT DIRECTOR or DESIGNEE**

Has the employee completed his/her probationary period? Yes No

Does the employee work 40 or more hours per week? Yes No

Has the employee received any written counseling during the prior six months? Yes No

Will the employee's Department reimburse tuition or other fees/expenditures? Yes No

If yes, list amount the Department will reimburse \$\_\_\_\_\_

Review the course approvals section with the employee. Indicate your recommendation: Approved Rejected

If rejected, please list reason(s): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY HUMAN RESOURCES**

Application

Date received \_\_\_\_\_

Tuition Receipts

Date received \_\_\_\_\_

Proof of Grades

Date received \_\_\_\_\_

Course Name _____	Course # _____	Grade _____	Credits _____	X	_____	X	_____	=	_____
					Tuition Amt. per Semester Hr.		%		Amt. Due
Course Name _____	Course # _____	Grade _____	Credits _____	X	_____	X	_____	=	_____
					Tuition Amt. per Semester Hr.		%		Amt. Due
					+ Other Reimbursable Expenses				_____
					- Grants, scholarships, etc.				_____
					Total Reimbursement				_____

Human Resources Approval \_\_\_\_\_

Date \_\_\_\_\_