

EDUCATION REIMBURSEMENT

INSTRUCTIONS FOR EMPLOYEES

1. Education Reimbursement is offered to all employees as provided in the Personnel Rules (see rule 18, sections 18.2, 18.2.1, 18.2.2, 18.2.3 and 18.2.4.)
2. The City's current budget allowance for citywide education reimbursement is \$12,000 per fiscal year.
3. Your personal allowance for education reimbursement varies according to your MOU (provided sufficient funds are available at the time of your claim). Reimbursements are paid until the City allowance is exhausted. It is therefore to your advantage to file an **ESTIMATED CLAIM** with us prior to completion of the course.

TO FILE AN ESTIMATED CLAIM

1. Please complete the appropriate application form for your course. (one form per course).
Use **FORM CC01** for Community College Courses.
Use **FORM UC01** for a four-year college or university (the term university for education reimbursement purposes also includes courses taken at Palm Springs Virtual University).
2. Turn the completed form in to Human Resources (at this stage you may want to keep a copy for your records).
3. You will receive a confirmation and **REIMBURSEMENT FORM** from Human Resources on receipt of your application.

TO CLAIM YOUR REIMBURSEMENT

When you have finished your course, please follow these instructions to receive your reimbursement:

Please staple the following items to the **REIMBURSEMENT FORM**:

1. A copy of your final grade/s (grade must be C or higher for community college and B or higher for graduate programs).
2. A copy of the receipt to show payment for the course (and payment for books if applicable).
3. When complete, turn in to Human Resources.

IF YOU HAVE ANY QUESTIONS REGARDING EDUCATION REIMBURSEMENT, PLEASE CALL
KIM PEACHER IN HUMAN RESOURCES ON EXTENSION 8220

CITY OF PALM SPRINGS
APPLICATION FOR EDUCATIONAL REIMBURSEMENT
Personnel Rule 18, Section 18.2
Form UC01 (Four Year College or University Courses)

Name: _____ Date: _____
 Position: _____ Dept: _____

I hereby request approval to enroll in the following course (one form per course):

Name of Course: _____

Name of Educational Institution: _____

Number of Units: _____ Type of Unit: Sem. Qtr. Mon. Tri. Other

Term: Fall Winter Spring Summer Year: _____

Days and Time: _____

Full Tuition \$ _____ : _____ ÷ 2 = \$ _____ : _____

Total Cost of Books \$ _____ : _____ ÷ 2 = \$ _____ : _____

Total Reimbursement \$ _____ : _____

I hereby certify that I have exhausted all State and Federal eligibility for educational benefits to take the above course. I understand that proof of payment (receipts, cancelled checks, etc.), together with proof of course completion and grades must be submitted prior to reimbursement. I further understand that I must receive a grade of "C" or it's equivalent or better for an undergraduate level course or a grade of "B" or it's equivalent for a graduate level course.

I agree to pay the City of Palm Springs the full City contribution if I retire or resign in the first year following the completion of the course reimbursed. If I retire or resign during the second year following the completion of the course reimbursed, I agree to repay the City on a prorated basis over twenty-four (24) months.

 Signature of Employee Date Signature of Department Head Date

 Personnel Officer Date

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FOR PERSONNEL USE ONLY

Full Tuition \$ _____ : _____ ÷ 2 = \$ _____ : _____ Attachments:

Total Cost of Books \$ _____ : _____ ÷ 2 = \$ _____ : _____ Tuition Receipt

Total Reimbursement \$ _____ : _____ Receipt for Books

Date submitted to Finance _____ Copy of Grade

Account Number 1160-43850

APPROVED FOR PAYMENT: _____
PERSONNEL OFFICER *FINANCE DIRECTOR*