

# EDUCATION REIMBURSEMENT

## INSTRUCTIONS FOR EMPLOYEES

1. Education Reimbursement is offered to all employees as provided in the Personnel Rules 18 and Memorandum of Understanding (MOU's).
2. 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.
2. Turn in the completed form with Department Head approval to Human Resources and retain a copy for your records.
3. You will receive a confirmation and claim instructions from Human Resources after receipt of your application.

### TO CLAIM YOUR REIMBURSEMENT

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

1. Provide verification and attach a copy of your final grade/s (grade must be C or higher for community college and B or higher for graduate programs).
2. Provide a copy of the receipt(s) to show payment for the course (and payment for books if applicable).
3. Submit all documents to Human Resources.

IF YOU HAVE ANY QUESTIONS REGARDING EDUCATION REIMBURSEMENT, PLEASE CALL  
THE HUMAN RESOURCES DEPARTMENT AT 760-323-8215

**CITY OF PALM SPRINGS**  
**APPLICATION FOR EDUCATIONAL REIMBURSEMENT**  
 Personnel Rule 18, Section 18.2  
**Form CC01** (California Community College Courses)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ ID #: \_\_\_\_\_ Dept: \_\_\_\_\_

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

Name of Course: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

**I have attached a copy of the course description**

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

Term: Fall  Winter  Spring  Summer  Year: \_\_\_\_\_

Days and Time: \_\_\_\_\_

Full Tuition \$ \_\_\_\_\_

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

Total Reimbursement \$ \_\_\_\_\_

I understand that the above request for education reimbursement is offered in accordance with City Personnel Rules and association and union Memorandums of Understandings (MOUs") and any reimbursement will be paid accordingly. 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 equivalent, or better for an undergraduate level course or a grade of "B" or 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 in accordance with personnel rules.

\_\_\_\_\_  
 Employee Signature Date Department Head Signature Date

\_\_\_\_\_  
 Personnel Officer Signature Date

**FOR PERSONNEL USE ONLY**

Full Tuition \$ \_\_\_\_\_ : \_\_\_\_\_ **Attachments:**

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

Total Reimbursement \$ \_\_\_\_\_ : \_\_\_\_\_ Receipt for Books

Copy of Grade

Date submitted to Finance \_\_\_\_\_

**Account Number 1001030-50008**

APPROVED FOR PAYMENT: \_\_\_\_\_

Personnel Officer Signature

Finance Director