



Policy # DHHS-29-06

Issue Date: 5/08/06

Re-Issue Date: 4/14/15

I. SUBJECT

Tuition Reimbursement Policy

II. POLICY STATEMENT

It shall be the policy of the Department of Health and Human Services (DHHS) to encourage employees to further their self-development through participation in Tuition Reimbursement. With the completion of the attached application and approval by leadership in the applicant's Office/Division and fulfilling all steps laid out in this policy, tuition reimbursement for post-secondary courses will be available as funds allow.

This policy applies to courses DHHS employees have chosen to take for professional development purposes. It does not apply to course work DHHS employees are required to take. Tuition assistance for required courses is provided separately by the Department.

III. RATIONALE

The purpose of this policy is to establish a means whereby the Department's goals and objectives can be achieved and the quality of services sustained and improved through additional education provided to staff.

IV. PROCEDURE STATEMENT

1. The application for tuition reimbursement attached to this policy needs to be completed by the applicant and approved by the appropriate staff.
2. Tuition reimbursement programs shall be available to all Departmental staff in accordance with the needs of the Department and the limitations imposed by funding; and
3. Written requests for tuition reimbursement must be made prior to the beginning of the semester: early summer for the fall semester, early Fall for the spring semester, and early spring for the summer semester. Direct Supervisors will review requests based on the availability of funds, make recommendations with respect to each request and forward the requests with endorsement to the appropriate Office Director, Facility Director or Deputy Commissioner for final approval. A copy of the approved request will be forwarded to the employee, the supervisor and the Human Resource Division.

4. **Eligibility Criteria:** eligibility criteria for receiving tuition reimbursement have been established to ensure consistency in the application of this policy:
- a. Applicant must be an employee of DHHS for at least one year prior to making application for assistance. Summer work experience in the Department may be included in the one-year requirement.
 - b. The course must be reasonably related to the applicant's current job duties or potential advancement opportunities within DHHS.
 - c. The content of the course must not be available through in-service training.
 - d. Applicant must have a satisfactory performance rating, as recorded on the most recent performance evaluation with no record of disciplinary action within the last three years.
 - e. Applicant must relate how the course will improve performance and/or prepare applicant for higher responsibility.
 - f. Applicant must be recommended for approval by their immediate supervisor, confirm that there is funding available, and get final approval from their District Director, Office Director, Program Director, Facility Director or Deputy Commissioner. (The attached application needs to be filled out and approved.)
 - g. Any and all time away from the job requires prior approval in accordance with existing guidelines.
 - h. Employees may receive a maximum tuition award of \$2,000 per semester and \$10,000 over the length of their tenure with the Department.
 - i. In the event that an employee leaves the Department's employ, for any reason, before the completion of a course to be reimbursed under this policy, the Department is not obligated to make the reimbursement.

5. **Tuition Awards:**

- a. Awards will be made for the cost of one university level academic course to include tuition, course related fees, books, and other course related expenses.
- b. Tuition awards will be based upon University of Maine system tuition rates.
- c. Tuition awards will be made as a reimbursement of applicants based upon successful completion (grade C or better) of the course. Payment will be made by the Accounting Office upon receipt of a copy of the applicant's transcripts or grade.
- d. Tuition awards will be subject to repayment if the employee leaves state employment within one year after receiving the award.

V. **DEFINITION**

Tuition Reimbursement - is defined as partial repayment to Department employees for the cost of attending academic courses that are related to Department goals and are reasonably related to the employee's job or advancement.

VI. **DISTRIBUTION**

Posted on the DHHS Intranet.

VII. ATTACHMENT

Tuition Reimbursement Request Form

April 14, 2015

Re-Issue Date



Mary C. Mayhew
Commissioner

**Department of Health and Human Services
Tuition Reimbursement Request Form**

Applicant request – please fill out the top part of the form and then have the appropriate supervisory staff sign their approval of your request. Be sure to get the application completed well in advance of the start of the course to assure that there is funding available, and that the application is approved before the course has started.

Name: _____ Employee #: _____

Email: _____

Office/Division: _____ Location: _____

Job title: _____ Program: _____

School: _____ Location: _____

Course Title and number: _____

Undergraduate course credit Graduate course credit Credit hours: _____

Course begins: _____ Course ends: _____

Does this course credit lead to a Degree or certificate? Yes No

If yes, name of Diploma/Degree/ certificate: _____

(Please note that the reimbursement amount is limited to one course at University of Maine credit rates, plus course related fees, books and other related fees with receipts)

Please respond to the following questions.

Attach additional supporting information that addresses the following:

How does this course or degree/certificate relate to your current position or potential advancement opportunities within DHHS?

How will this course or degree/certificate improve yours or the program's performance?

Will this course require time away from the job? If yes, how will your schedule be adapted? Does this have supervisory approval?

Applicant Signature: _____ Date: _____

**Department of Health and Human Services
Tuition Reimbursement Request Form**

Approvals:

Direct Supervisor's Name: _____

Employee has worked for DHHS for at least one year Yes No (application will be denied)

Employee has satisfactory performance rating on his/her performance review Yes No

Employee does **not** have any record of disciplinary record for the last 3 years Yes No

I approve this application: Yes No

Signature of Direct Supervisor: _____ Date: _____

Office/Division Program Financial Officer (PFO):

There are funds for this tuition request: Yes No

If yes, Account Code _____

PFO Signature: _____ Date: _____

Program Director:

I approve this request: Yes No

Program Director Signature: _____ Date: _____

Office/Division Director:

I approve this request: Yes No

Office/Division Director Signature: _____ Date: _____

Once all signatures and approvals are made, the applicant is to receive a copy of the completed form for their records.

Upon completion of the course, the applicant is to send a copy of this form, an invoice with the account code, all receipts, the grade and any other documents to DAFS – DHHS Finance Service Center, Attention: Accounts Payable, Station #11.