



# ELECTRIC WATER SEWER STORMWATER

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[www.HANNIBALBPW.org](http://www.HANNIBALBPW.org)



<b>POLICY:</b>	<u>Tuition Reimbursement</u>	<b>DEPARTMENT:</b>	<u>All</u>
<b>APPROVED:</b>	<u>Robert W Stinson</u>	<b>REVIEWED / REVISED:</b>	<u>10/08/09</u>

### Description:

The Hannibal Board of Public Works (HBPW) encourages its employees to further their knowledge and skills through education and self-improvement courses in order to increase their contribution to the HBPW. Requests for tuition reimbursement will be considered on a case-by-case basis. The HBPW is not under any obligation to reimburse an employee and may deny any request for any reason. To assist in the efforts of its employees, the HBPW will provide a reimbursement benefit with the following guidelines.

### Guidelines:

1. The reimbursement benefit is available to any regular full time employee.
2. In order for employees to receive consideration for tuition reimbursement, the request must be submitted to the HR Department prior to enrollment.
3. The class would be outside normal working hours at an accredited institution.
4. Course work must be of a practical nature that can assist an employee in furthering career related goals, as they pertain to employment with the HBPW.
5. The reimbursement benefit is 50% of all required cost for the course work, excluding books, supplies and outside financial assistance.
6. The employee must agree to remain in the HBPW's employment for 2 (two) years after receiving the reimbursement or repay the assistance money.
  - a. If the HBPW terminates an employee's job for just cause or an employee voluntarily resigns prior to the two-year period, the employee will reimburse the HBPW tuition cost.
  - b. If an employee's job is terminated through no fault of his/her own: i.e., reduction in workforce, illness, etc., the HBPW may waive any tuition deficiency.

### Eligibility

1. The employee must be a regular full time employee at the time of the course.
2. It is expected that reimbursement requested and approvals will be granted on a selective basis and will not be extended to employees whose performance on the job fails to warrant such consideration.

### Refundable Costs

1. Reimbursement by the HBPW will be made upon successful completion of the course with a grade C for undergraduate or B grade for graduate courses, or higher.
2. The employee will be limited to a maximum of twenty-four (24) credit hours per fiscal year.
3. The employee may request reimbursement up to a maximum of (50%) of the institution's established rate per college credit hour, excluding books, supplies and outside financial assistance.

### Procedures

1. The educational assistance form shall be completed and returned to the employees' direct supervisor and forwarded to the HR Department.
2. The General Manager will approve or deny the request. Upon completion of the approved course (s), the employee shall submit to the HR Department the following:
  - a. Evidence of successful completion of the course(s).
  - b. A receipt indicating full payment of the course(s).
  - c. An official receipt of final grade.

### Originated / Revised History

Originated – 12/15/04

Revision 1 – 10/08/09



TUITION REIMBURSEMENT REQUEST

Name: \_\_\_\_\_ Date of Employment: \_\_\_\_\_
Department: \_\_\_\_\_

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

Institution: \_\_\_\_\_

Description of Course(s): \_\_\_\_\_

Are you eligible for financial assistance other than the Hannibal Board of Public Works? [ ] Yes [ ] No

If "Yes", how much have you received or will you receive from outside sources in connection with this particular course? \_\_\_\_\_

Date Course will Begin: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Tuition Cost: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

I hereby agree to reimburse the HBPW for any money received from the HBPW under this policy if I should leave the HBPW employment any time within two years from the date of course reimbursement. Should I leave within that period, I authorize the HBPW to deduct the amount in full from my final pay. Any money not covered by that final check, I agree to pay in full within 30 days of termination.

Date: \_\_\_\_\_ Employee Signature

Approved: [ ] Not Approved: [ ]

Date: \_\_\_\_\_ General Manager Signature