JOHNSON COUNTY COMMUNITY COLLEGE BARGAINING UNIT MEMBER APPLICATION FOR TUITION REIMBURSEMENT NON-JCCC CREDIT COURSES

Guidelines:

- 1. A Bargaining Unit Member who has been employed at JCCC for at least one (1) academic year will be reimbursed for 50% of the amount out of pocket (i.e. amounts not reimbursed by grants or scholarships) tuition and student/campus fees, up to a maximum of \$1,000.00 per semester, or \$3,000 per year, for courses taken at an accredited college or university.
- 2. The Request for Reimbursement form must be approved by the employee's immediate supervisor *prior* to course enrollment. Courses eligible for reimbursement must be determined by the supervisor to be relevant to the bargaining unit member's discipline or will enhance the bargaining unit member's future job performance.
- 3. Tuition reimbursement shall only be made upon certification of successful completion of the course as defined by the academic program for which the faculty member is enrolled. An incomplete or withdrawal is not considered satisfactory completion.
- 4. The employee shall be responsible to schedule class and class preparation time in such a way that it does not interfere with working hours or job performance.
- 5. A bargaining unit member must be performing at an acceptable level as certified by the Dean.
- 6. In order to receive tuition/fees reimbursement, the employee must submit to the Office of Human Resources the approved Request for Reimbursement form, a copy of appropriately marked tuition charged receipt, tuition paid receipt, and a copy of the grade report showing successful completion of the course(s) within one calendar year from the beginning of the semester in which the class was completed. The cost of books, supplies, tools and other related educational expenses are not eligible for reimbursement.
- It is intended that this benefit will be administered by the College in accordance with Internal Revenue Code section 127. Any tuition reimbursement provision not specifically addressed in these guidelines shall be administered according to the "Tuition Reimbursement and Educational Assistance" procedure.

Employee Name	JCCC ID #
Address	Phone #
Total Number of Credit Hours EnrolledT (Attach copy of appropriately marked paid receipts and	uition and Fee Amount
Have you previously completed a Bachelor's Degree?	No Yes Date completed:
I certify that this request is made in accordance with the college's Tuition Reimbursement and Educational Assistance program, and that this tuition is not funded with any other sources such as scholarships or grants.	
Employee Signature	Date Work Extension
I have reviewed the above tuition reimbursement request, and I have determined that the courses taken are related to the employee's current college position, or are courses which are designated to enhance future job performance at the college.	
Supervisor's Signature	Date
FOR OFFICE USE ONLY:	
Human Resources Approved/Date	Reimbursement Authorized
6302-40 R7/21	Account Number: 0201-6203-53122-62