

## HARTNELL COMMUNITY COLLEGE DISTRICT

### AP 7165 Employee Scholars Program

All full-time and part-time permanent employees of the Hartnell Community College District, and part-time faculty that qualify for re-employment preference, are eligible to be considered for the Employee Scholars Program.

The course of study must be directly related to the employee's present/future position, or a degree requirement for a position to which the employee may transfer or progress towards within the District.

#### Application Process

Employees are responsible for submitting applications for the Employee Scholars Program in accordance with this procedure, utilizing the Employee Scholars Program Application Request (Appendix A). All applications must be submitted and approved before coursework begins that qualifies for reimbursement.

Supervisors are responsible for:

1. Reviewing/verifying employee information for accuracy;
2. Making recommendations as to applicability of the course to the employee's present/future position within the District; and
3. Forwarding the request to the superintendent/president.

#### Reimbursement Process

All reimbursement requests are to be submitted using the Employee Scholars Program Reimbursement Request form (Appendix B). All course work to be reimbursed must be taken at an accredited university or college whose regional accreditor is recognized by the U.S. Department of Education. Reimbursement for course completion will be paid provided the course is completed with a "C" grade or above or a "Pass" in the case of a course graded on a "Pass/Fail" basis. Reimbursement will be made within the following limits for registration fees, tuition and books:

- 100% up to \$300 per unit for enrollment fees or tuition per year.
- Any combination of enrollment fees, tuition, and/or books cannot exceed \$3,000 per year.
- If a scholarship, grant, or financial aid paid directly for the course work, reimbursement is not allowed.

Reimbursement requests are to be submitted for reimbursement within sixty (60) days of completion of each course. Requests not submitted in a timely manner will be denied.

All course work must be completed outside the employee's normal working hours.

Should the employee leave the employment of the District within 24 months after receiving reimbursement for any courses or classes taken, the employee shall reimburse the District a prorated amount of the expenses (e.g. if the District reimburses the employee \$2,000 for a class and the employee leaves after 12 months, the employee will owe the District \$1,000).

Approved by the Superintendent/President: February 21, 2017

See BP 7165

APPENDIX A

EMPLOYEE SCHOLARS PROGRAM APPLICATION REQUEST  
(EMPLOYEE SUBMIT TO IMMEDIATE SUPERVISOR)

Employee/Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Title: \_\_\_\_\_ Location: \_\_\_\_\_

Department/Discipline: \_\_\_\_\_

Date of Employment with Hartnell Community College District: \_\_\_\_\_

Effective dates for proposed Educational Course Work: from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Degree Desired	AA/AS		Masters		Other: _____	
	BA/BS		Doctorate			

Course of Study: \_\_\_\_\_

Name of Accredited College or University: \_\_\_\_\_

**(Attach a copy of the proposed coursework.)**

Estimated Expenses **(Attach a copy of expense detail from college or university, i.e. price per/unit)**

Tuition/Enrollment Fees:		Books:		Total:	
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Please be specific about what you propose to accomplish. You may indicate a combination of eligible activities. Use additional pages as necessary.

A. What is your professional development objective (i.e. work toward a higher degree; additional coursework in my field of study; etc.)?

B. How will completion of your professional development objective help you with your current position with the Hartnell Community College District?

C. How will completion of your professional development objective help the needs of the District?

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The employee agrees and understands that he/she will continue employment with the District for two years after completion of their educational course work.

Date Received by Applicant's Immediate Supervisor: \_\_\_\_\_

Supervisor's Recommendation/Comments: Support \_\_\_\_\_ Do Not Support \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

**(IMMEDIATE SUPERVISOR SUBMIT TO SUPERINTENDENT/PRESIDENT)**

Superintendent/President's Approval  
Comments

Approve \_\_\_\_\_ Do not Approve \_\_\_\_\_

\_\_\_\_\_  
Superintendent/President

\_\_\_\_\_  
Date

EMPLOYEE SCHOLARS PROGRAM  
REIMBURSEMENT REQUEST

**(SUBMIT TO THE OFFICE OF THE VICE PRESIDENT OF ADMINISTRATIVE SERVICES)**

SUBMIT A SEPARATE REQUEST FOR EACH COURSE/CLASS AND ATTACH COPY OF APPROVED REQUEST

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

Name of Course/Class Completed \_\_\_\_\_

Number of units completed \_\_\_\_\_  Semester Units OR  Quarter Units

Grade \_\_\_\_\_

(Please attach a copy of grade report verifying grade received)

Did you receive other sources of financial aid for this coursework (excluding loans for which repayment is required)?  Yes  No

Describe: \_\_\_\_\_

Reimbursement amount requested: \$ \_\_\_\_\_

(Please attach copies of receipts. Receipts must show evidence of payment of tuition, fees and/or books paid in full.)

As per Administrative Procedure 7165, reimbursement will only be made if appropriate approvals are obtained in advance of course being taken. All course work to be reimbursed must be taken at an accredited university or college whose regional accreditor is recognized by the U.S. Department of Education. Reimbursement for course completion will be paid provided the course is completed with a "C" or above or a "Pass" in the case of a "Pass" or "Fail" grade.

Reimbursement will be made within the following limits for registration fees, tuition and books: 100% up to \$300 per unit for enrollment fees and/or tuition per year; any combination of enrollment fees, tuition, and/or books cannot exceed \$3,000 per year.

I certify that the above information is true and correct and that the course work was completed outside of my normal working hours. I also understand that, should I leave the employment of the District within 24 months after receiving reimbursement, I will owe the District a pro-rated amount of the reimbursement based on the date my employment ends.

\_\_\_\_\_  
Signature of Requestor

OFFICE USE ONLY

Reimbursement request granted

Reimbursement request not granted. Reason \_\_\_\_\_

\_\_\_\_\_  
Vice President of Administrative Services

\_\_\_\_\_  
Date