



TUITION REIMBURSEMENT POLICY NO. 224P

- Applies To: All departments and employees
- Effective Date: 04/01/2025
- Associated References: None

PURPOSE:

The City of Traverse City recognizes the value of continuing education. Therefore, a tuition reimbursement program has been established to help eligible employees improve job skills and enhance opportunities for advancement within the City. Tuition reimbursement is available to eligible employees who voluntarily pursue educational opportunities or training from an accredited college, university or trade school.

ELIGIBILITY:

This benefit is applicable to all full-time non-probationary administrative and bargaining unit employees.

Employees on leave are not eligible for this benefit.

REQUIREMENTS:

The tuition reimbursement is limited to a maximum of four (4) classes per fiscal year, with a minimum of three (3) credits and a maximum of six (6) credits per course. Courses related to the attainment of Certificates, Associate's, Bachelor's, and Master's degree programs shall be reimbursed if they are directly related to the employee's current job or deemed to improve job skills relative to potential advancement opportunities available within the City. The Department Head and Human Resources will determine whether a degree program or course is business- or job-related.

Courses must not interfere with the employee's job responsibilities and must be taken on employee's own time, unless approved otherwise by the City Manager or Manager's designee.

PROCEDURE:

Employees must obtain pre-approval for tuition reimbursement under this policy. To do so, an employee shall complete the "Request for Assistance and Authorization for Participation in Tuition Reimbursement" form. The City Manager or Manager's designee shall be responsible for the final approval of the request for tuition reimbursement prior to the commencement of the course.



Request for Assistance & Authorization for Participation
in Tuition Reimbursement Plan

Name of Employee: _____ Department: _____

Job Title _____

College Level Course or approved non-credit short term courses:

Name of Accredited Institution of offerer: _____

Title of Course(s): _____ Credit Hours: _____

_____ Credit Hours: _____

_____ Credit Hours: _____

Number of Weeks _____ Starting Date _____

If this course(s) is taken as part of a degree program, give degree, major and credit hours earned to date: _____

Tuition Fee \$ _____

I agree to show here any cash benefits resulting from aid or scholarship: \$ _____

I want to take this (these) course(s) because: _____

I acknowledge that participation in this program is voluntary and does not constitute hours of work or employment; therefore, no compensation will be provided. Additionally, I am responsible for maintaining the required grade point average as outlined in the collective bargaining agreement and/or City policy. By participating, I agree to comply with all terms of this policy.

Date _____ Signature: _____

Supervisor's Comments: Indicate how this course(s) directly relates to the individual's job and his/her specific development plan: _____

Date _____ Supervisor's Signature _____

Note: This form must be completed prior to the commencement of the course(s).

Human Resources Department:

Authorization for Reimbursement in the amount of \$ _____ initiated on Date _____

Authorization for Reimbursement in the amount of \$ _____ initiated on Date _____

**Per IRS Regulations Publication 15-B Education Assistance exceeding \$5,250 must be included as wages and subject to taxes*