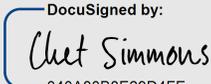


# City of Los Alamitos

## Administrative Regulation

Regulation:	<b>3.4</b>	<small>DocuSigned by:</small>  <small>040A00B8E29D4FE...</small> <b>Chet Simmons, City Manager</b>
Title:	<b>Education/Tuition Reimbursement</b>	
Authority:	<b>City Manager</b>	
Date:	<b>February 17, 2005</b>	
Revised:A	<b>April 22, 2024</b>	

- 1. Purpose:** This regulation provides procedures for Education/Tuition Reimbursement.
- 2. Application:** This policy applies to all employees eligible for Education/Tuition Reimbursement.
- 3. Regulation:**

The city provides an incentive for continuing education, which will be of mutual benefit for the City and employees. Eligibility is determined and limits for reimbursement are also determined by criteria contained in various documents, such as Employee Organization Memoranda of Understanding (MOU's) and Resolutions of the City.

Reimbursements will only be paid when an Employee Educational Assistance Reimbursement Application has been properly submitted; the application has been approved; and all requirements for reimbursement have been fulfilled as detailed in the appropriate document(s) described above.



## EMPLOYEE EDUCATIONAL ASSISTANCE REIMBURSEMENT APPLICATION

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Job title: \_\_\_\_\_

Highest Grade Completed/Educational Background: \_\_\_\_\_

Course titles (If more, please attach a separate sheet of courses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate       Degree       Credit

Name of institution: \_\_\_\_\_

Address of institution: \_\_\_\_\_

If the school above is private, is the same course at a nearby public institution?  Yes  No

If yes, where? \_\_\_\_\_

**Course Expenses:** Tuition: \$ \_\_\_\_\_ Fees \$ \_\_\_\_\_ Books/materials \$ \_\_\_\_\_

**Total cost \$** \_\_\_\_\_

Development objective (How will this course benefit you and the City of Los Alamitos):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are seeking a degree program, please attach a brief outline of the courses included in the program from the college catalog or program brochure (necessary for initial request only).

If this request is approved, reimbursement will be contingent upon successful completion (a grade of **C** or better is required) of each course and submission of all receipts and paid bills within 30 days thereafter. I further understand that failure to complete any course(s) successfully will result in an obligation to repay the City of Los Alamitos the amount of tuition advanced.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## EMPLOYEE EDUCATIONAL ASSISTANCE REIMBURSEMENT APPLICATION

### DEPARTMENT RECOMMENDATION

Approved       Not approved

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this application meet the established guidelines of the educational assistance program policy?

Yes     No

Was this expense included in the department budget?

Yes     No

\_\_\_\_\_  
Department Head/Supervisor

\_\_\_\_\_  
Date

### CITY MANAGER APPROVAL

This request is     Approved     Not approved

Reason (if not approved): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City Manager's Signature

\_\_\_\_\_  
Date