



City of Riverside, California
Human Resources Policy and Procedure Manual

Approved:

Human Resources Director

City Manager

Number: IV-3 Effective Date: _____

~~08/20/2024~~02/2018

SUBJECT: EDUCATION REIMBURSEMENT PROGRAM

PURPOSE:

To support ~~a learning culture employee career development, engagement and retention~~ by encouraging City employees ~~of the City~~ to pursue educational courses, certifications, certificates, licenses and other training programs which will increase their job proficiency, prepare them for promotional opportunities within the City, and improve the overall level of service provided by the City in furtherance of the City's strategic goals and initiatives.

POLICY:

The Human Resources Director or ~~his/her~~ designee is authorized, subject to the availability of funds, to provide training and educational assistance to City employees. ~~This program is contingent upon the annual appropriation of funds and is subject to change at any time.~~ The Education Reimbursement Program reimburses employees, who meet minimum eligibility requirements, for the cost of tuition, registration, books, and course and/or exam fees (See Request for Reimbursement section below) ~~course fees~~ after successful completion of an individual course, exam, or program.

When an employee is required by the department to ~~attend-obtain~~ a license or attend a course or program as a requirement of their job, the expense shall be the responsibility of the respective department ~~and employee~~. Such a course or program will not be eligible for the Education Reimbursement Program.

As a general rule, ~~t~~ime spent on approved educational courses should be completed on the employee's own time, outside of scheduled working hours and shall not be considered as time worked for the City.

Employees are responsible for any income tax liability that may incur under this program.

1. Employee Eligibility Requirement - To be eligible for the Education Reimbursement Program, an employee must:

- a. Be a regular full or part-time benefitted employee with the City of Riverside at the time of application, and at the time of request for reimbursement, and at the time of reimbursement;
- b. Be an employee in good standing, which means the employee has not ~~Net~~ received an overall rating of Unsatisfactory (2 or below) on a Performance Appraisal within the last twelve months.; and
- ~~c.a. Not combine and/or receive educational benefits (i.e. grants or scholarships) under another state or public program, such as the G.I. Bill, for the same course or program.~~

2. School/Course Eligibility Requirements - To qualify for reimbursement, the course, license, exam or program must be related to the employee's current or future position within the City of Riverside and ~~also~~ meet one of the following criteria:

- a. A course in a degree program offered at an accredited institution; or
- b. A course or exam that leads to a certificate or prepares the employee for a professional credential, ~~or designation~~ or license by from an accredited institution, professional society, or private certificate granting agency or licensing board; or.

~~b. If the employee is receiving educational benefits~~ Not combine and/or receive educational benefits (i.e. grants or scholarships) under another state or public program, such as the G.I. Bill, for the same course or program, the City will reimburse the difference in cost, after the Grant or scholarship has been applied up to the maximum reimbursable amount.

Likewise, if an employee is receiving a student loan to help pay for their education, the City will reimburse the difference in cost up to the maximum reimbursable amount. For example, if a course costs \$1,000 and the employee is receiving a \$500 scholarship, the remaining \$500 shall be the amount eligible for the Education Reimbursement Program.

Course Drop, Cancellation, Extension, or Non-Registration – If an employee is approved for reimbursement and subsequently does not register, does not complete the course, or drops the course, the employee will not be eligible to receive reimbursement for that course, and must notify Human Resources within 30 days of their change in registration status. Employees who were approved for reimbursement but do not move forward with the course may not use the allocated funds for another course – they must go through the pre-approval process again for the new course in order to be eligible for a reimbursement.

Course Extensions

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If the educational institution offers the ability to extend the completion date of the course, and a fee is charged, the extension fee will not be eligible for reimbursement.

Conferences

Conference attendance is not reimbursable under the Education Reimbursement Program.

Equipment

Laptops, computers, and other special equipment are not eligible for reimbursement under this program.

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3. Request for Approval and Reimbursement

3.4. Request for Approval: a—An employee must request pre-approval by completing and submitting the Education Reimbursement Application Form to the Human Resources Department. To be eligible, the application must be received by Human Resources no later than 3 business days prior to the beginning of a course or exam, prior to the beginning of a course.—Requests submitted after a course has begun will not be approved. not be processed.

Requests are on a first-come-first-served basis and shall be reviewed in the order in which they are received. In the event of insufficient If Program funds budgeted funds, have been exhausted for the fiscal year, applications shall be placed on a waiting list in order of receipt and are subject to final approval based upon availability of funds, unless covered by a collective bargaining agreement which provides for alternate terms, subject to final approval upon the availability of budgeted funds. The waiting list will be maintained for the current fiscal year and shall terminate at the end of each fiscal year. Only courses that reimbursement requests that receive final approval shall be reimbursed. In no event will a course be reimbursed if there are insufficient funds.

The Education Reimbursement will be applied to the fiscal year in which the employee is reimbursed. An employee may apply for reimbursement for multiple courses within a fiscal year, but the total eligible reimbursement will not exceed the annual limit for reimbursement for any fiscal year.

5. Request for Reimbursement - Reimbursement under this program is subject to City Manager authority and availability of funds, and the reimbursement amounts will be determined and posted at the start of each fiscal year. Employees covered by a Collective Bargaining Agreement (MOU) shall be subject to reimbursement amounts in accordance with the terms of their MOU. will not exceed \$1,000 per

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~~course or program inclusive of all qualified expenses per fiscal year (\$1,500 for RPO Supervisory Unit and RPAA Management).~~

4. ~~Reimbursable Covered~~ costs include registration ~~/~~, tuition, institution required fees, mandatory books and lab fees ~~and exam fees~~. ~~Costs that are not covered include Special-special~~ fees, optional student service fees, food/meals, parking and mileage/ transportation, ~~subscription fees, professional memberships, license fees, and equipment / computers.~~ ~~are not eligible for reimbursement.~~

~~To receive reimbursement, employees must:~~

- a. ~~Obtain~~ a final course grade of "C" ~~grade~~ or better, ~~or "pass" if the course is graded on a pass/fail basis~~. For ~~Certificates, Certifications, Licenses, Professional Designations~~ or other programs which do not provide a course grade, an employee must provide a copy of their ~~Completion Certificate, License or Professional Designation, or a copy of the notice that they passed the exam~~ as proof of satisfactory completion.

b. ~~In order to receive reimbursement, an employee must~~ submit an Education Reimbursement Request for Payment ~~Form~~ and include:

- ~~i. with r~~Registration confirmation,
- ~~ii. Itemized paid registration invoice, including proof of any grants or student loans applied to the tuition or registration fees.~~
- ~~iii. V~~erification of grades or satisfactory completion, and
- ~~iv. I~~temized receipts for all applicable expenditures

~~The Education Reimbursement Program Request for Payment Form needs to be submitted to the Human Resources Director or his/her designee within Department within 30 days of course completion or the reimbursement request may be denied..~~

In the event that an employee loses their employment status with the City for reasons other than layoff, and has an approved application on file, ~~he/she~~ ~~the employee~~ will not be eligible to submit a request for reimbursement.

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Attachments:

1. ~~Certificate Education~~ Program Pre-Approval Form
2. ~~Degreed Program Pre-Approval Form~~
3. ~~2.~~ Certificate Program ~~Request for Payment~~ Reimbursement Form
4. ~~Degreed Program Request for Payment~~



Education Reimbursement Program
Pre-Approval Application for a Certificate/Certification Program

Please complete and submit prior to the beginning of a certificate/certification program.

Name: _____ Department/Division: _____

Employee Number: _____ Phone Number: _____

Educational Institution/Private Certification Granting Agency: _____

Certificate/Certification Program Name: _____

Expected Month and Year of Certificate/Certification Program Completion: _____

Course Name	Course Dates		Estimated Cost (Registration and books)
	From	To	
			\$ _____

How will this certificate/certification program benefit your current position or prepare you for advancement opportunities?

Read and initial that you attest to each of the following statements.

Initials

1. This course is voluntary, is not considered hours of work and/or employment, and no compensation is earned. _____
2. I am an employee in good standing and have not received an overall rating of unsatisfactory (2 or below) on a performance appraisal within the last twelve months. _____
3. I am a full-time/part-time benefited employee. _____
4. I must attach the certificate/certification program description for my supervisor to review. _____

Employee Signature _____ Date _____

Approvals

1. I confirm that this Certificate/Certification Program will benefit the employee's current or future position.
2. I have reviewed the Certificate/Certification Program description and verified the educational institution or private certification granting agency.
3. This employee is in good standing and has not received an unsatisfactory rating (2 or below) on a performance appraisal within the last twelve months.

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Comments _____

Please forward this form to HR upon completion.

For HR Use Only

Available balance before current request: \$ _____ Estimated Reimbursement: \$ _____

Approved: Yes No Comments _____

HR Director/Designee Signature _____ Date _____

Revised 5/8/18

Education Reimbursement Program
Pre-Approval Application for Degreed Programs



Please complete and submit prior to the beginning of the course.

Name: _____ Department/Division: _____
 Employee Number: _____ Phone Number: _____
 University/College: _____
 Degree/Major/University Extension Program: _____
 Address: _____

Course Title	Course Dates		Estimated Cost (Tuition, books and required fees)
	From	To	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

How will this course(s) benefit your current position or prepare you for advancement opportunities?

Read and initial that you attest to each of the following statements.

1. This course is voluntary, is not considered hours of work and/or employment, and no compensation is earned.
2. I am an employee in good standing and have not received an overall rating of unsatisfactory (2 or below) on a performance appraisal within the last twelve months.
3. I am a full-time/part-time benefited employee.

Initials

Employee Signature _____ Date _____

<p>Approvals This employee is in good standing and has not received an unsatisfactory rating (2 or below) on a performance appraisal within the last twelve months. Supervisor Signature _____ Date _____ Department Head Signature _____ Date _____ Comments _____ <i>Please forward this form to HR upon completion.</i></p>
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For HR Use Only
 Available balance before current request: \$ _____ Estimated Reimbursement: \$ _____
 Approved: Yes No Comments: _____
 HR Director/Designee Signature _____ Date _____

Revised 5/8/18

Education Reimbursement Program
Request for Payment Form
Certificate/Certification Program



Please complete and submit within 30 days of obtaining your certificate.

Name: _____ Department/Division: _____
 Employee Number: _____ Phone Number: _____
 Educational Institution/Private Certification Granting Agency: _____
 Certificate/Certification Program Name: _____

Cost Breakdown	
Registration	Materials
\$ _____	\$ _____

I have successfully completed the Certificate/Certification Program, attached proof of completion or professional designation, and receipts in accordance with the Education Reimbursement Policy.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Note: The Department Head signature is not required. Please forward this form to HR upon completion.

For HR and Payroll Use Only

Account Summary Distribution

GL Key	Object	JL Key	Object	W/O No:	Amount
Education Reimbursement Program Coordinator			Human Resources Director/Designee Approval		
Signature _____ Date _____			Signature _____ Date _____		
Authorization for Payment			Authorization for Payment		
Accounting Designee			Finance Director/Designee		
Signature _____ Date _____			Signature _____ Date _____		

Revised 5/8/18

Education Reimbursement Program
Request for Payment
Degreed Programs



Please complete and submit within 30 days of course completion.

Name: _____ Department/Division: _____
 Employee Number: _____ Phone Number: _____
 University/College: _____
 Course Name(s): _____

Cost Breakdown		
Tuition	Required Registration Fees	Books
\$ _____	\$ _____	\$ _____

I have successfully attained a grade of "C" or better and attached original receipts (or proof of a federal loan) for tuition, fees, and books in accordance with the Education Reimbursement Policy.

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Note: The Department Head signature is not required. Please forward this form to HR upon completion.

For HR and Payroll Use Only

Account Summary Distribution

GL Key	Object	JL Key	Object	W/O No:	Amount
Education Reimbursement Program Coordinator			Human Resources Director/Designee Approval		
Signature _____ Date _____			Signature _____ Date _____		
Authorization for Payment			Authorization for Payment		
Accounting Designee			Finance Director/Designee		
Signature _____ Date _____			Signature _____ Date _____		

Revised 5/8/18

Education Reimbursement Program
Pre-Approval Form



Degreed Program Certification / Certificate Program License / Professional Development

Please complete and submit no later than 3 days prior to the beginning of the course.

Name: _____ Department/Division: _____
Employee Number: _____ Phone Number: _____
Educational Institution / Licensing Agency: _____
Degree/Major/ Certification or License Name: _____

Course Title/ Exam Title	Course Dates		Estimated Cost (Tuition, books and required fees)
	From	To	
			\$ _____
			\$ _____

How will this course(s) benefit your current position or prepare you for advancement opportunities?

Read and initial that you attest to each of the following statements.

1. This course is voluntary, is not considered hours of work and/or employment, and no compensation is earned. _____
2. I am an employee in good standing and have not received an overall rating of unsatisfactory (2 or below) on a performance appraisal within the last twelve months. _____
3. I am a full-time/part-time benefited employee. _____

Employee Signature _____ Date _____

<p>Approvals This employee is in good standing and has not received an unsatisfactory rating (2 or below) on a performance appraisal within the last twelve months. Supervisor Signature _____ Date _____ Department Head Signature _____ Date _____ Comments _____ <i>Please forward this form to HR upon completion.</i></p>

For HR Use Only

Employee in good standing: Yes No
Employee is full-time/part-time benefited employee: Yes No ERP Coordinator Initials: _____

Available balance before current request: \$ _____ Estimated Reimbursement: \$ _____
Approved: Yes No Comments: _____
HR Director/Designee Signature _____ Date _____

Education Reimbursement Program
Request for Payment Form



Degreed Program Certification / Certificate Program License / Professional Development

Please complete and submit within 30 days of obtaining your proof of course/program completion.

Name: _____ Department/Division: _____
 Employee Number: _____ Phone Number: _____
 Educational Institution/Licensing Agency: _____
 Degree/Major/ Certification or License Name: _____

Cost Breakdown	
Registration	Materials
\$ _____	\$ _____

I have successfully completed the Certificate/Certification Program or course, attached proof of completion or professional designation, and receipts in accordance with the Education Reimbursement Policy.

Employee
 Signature _____ Date _____
 Supervisor Signature _____ Date _____

Note: The Department Head signature is not required. Please forward this form to HR upon completion

For HR and Payroll Use Only

Account Summary Distribution

GL Key	Object	JL Key	Object	W/O No:	Amount
Education Reimbursement Program Coordinator			Human Resources Director/Designee Approval		
Signature _____ Date _____			Signature _____ Date _____		
Authorization for Payment			Authorization for Payment		
Accounting Designee			Finance Director/Designee		
Signature _____ Date _____			Signature _____ Date _____		

Revised 10/16/23