

# City of Los Alamitos

## Administrative Regulation

Regulation:	3.4	
Title:	Education/Tuition Reimbursement	
Authority:	City Manager	
Date:	February 17, 2005	_____ City Manager
Revised:		

- 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 a mutual benefit for the City and employee. 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.

**CITY OF LOS ALAMITOS  
EMPLOYEE EDUCATIONAL ASSISTANCE  
REIMBURSEMENT APPLICATION**

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

Position \_\_\_\_\_ Department \_\_\_\_\_

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

Full Title of Course(s) in which you wish to enroll \_\_\_\_\_

I am working toward a \_\_\_\_\_ Certificate \_\_\_\_\_ Degree \_\_\_\_\_ Credit Only

In the area of \_\_\_\_\_

School at which given \_\_\_\_\_

If the above school is a private institution, is this same course given at a nearby public institution: \_\_\_\_\_

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

Days and hours you will be attending courses \_\_\_\_\_

Estimated costs: Tuition \$ \_\_\_\_\_ Books \$ \_\_\_\_\_

In your own words, state how this course will benefit you and the City of Los Alamitos \_\_\_\_\_

\*\*\*\*\*  
It is understood that reimbursement for this course, if approved, will be contingent upon obtaining a passing grade and that reimbursement will not be made until after the satisfactory completion of the course and submittal of evidence to that effect.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**TO BE COMPLETED BY DEPARTMENT HEAD**

I certify that this course is directly related to the employee's current duties and recommend approval.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CITY MANAGER ACTION**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Reason for Denial \_\_\_\_\_