

## **POLICY 003**

### **Tuition Waiver and Reduction**

#### **1.0 POLICY**

It is the policy of COM-FSM to allow for a tuition waiver of up to six credit hours each semester for all full time employees and 50% tuition reduction for dependents of College employees. (See Section X.3.d of the Personnel Manual)

The health, activity and technology fees will be waived for the employee but will not be waived for the employee's dependents. Employees and dependents will be required to pay the registration fee.

#### **2.0 PURPOSE**

The purpose is to specify and define employee and dependent responsibilities and procedures for obtaining tuition waiver and reduction.

#### **3.0 APPLICATION**

This policy applies to all employees on an employment contract and does not apply to individuals with Personal Service Contracts (Special Service Contracts). (See definitions below.)

Individuals on staff development are subject to the terms of their individual staff development agreement.

#### **4.0 RESPONSIBILITIES**

The President has the overall authority for implementing this policy.

Supervisors are responsible for the day to day implementation. Supervisors are responsible for distributing the approved form. Supervisors must consider the time of day the course is offered to minimize interference with the employees' responsibilities.

Employees are responsible for understanding and complying with this policy. Employees are also responsible for providing appropriate documentation for all dependents.

Personnel is responsible for maintaining employee records.

The Registrar is responsible for checking the approved request form before allowing the employee to register.

#### **5.0 PROCEDURE**

Courses Offered During Working Hours: Employees planning to take courses during working hours must receive approval before registering and are limited to one course per term. (An additional course may be taken outside of working hours each term.)

1. Employees who want to enroll in a College course during working hours should consult with their supervisor.
2. The supervisor should give consideration to the time of day the course is offered to minimize interference with the employees' responsibilities.
3. Employees allowed to take a course by their supervisor should apply for leave with pay. (See attached Request for Leave with Pay form.)
4. Employees approved to attend class during working hours must present their approved request for leave with pay when registering.

Courses offered Outside of Working Hours: Employees may take advantage of this employee benefit without prior approval. All faculty members fit into this category as long as the course they are enrolled in does not conflict with their classroom and office hours responsibilities.

#### Conditions

1. The employee shall provide the required documentation to prove dependent status. The requirements are as follows: 1) Spouse – marriage certificate or affidavit. 2) Biological child – birth certificate. 3) Adopted child – legal adoption papers. 4) Biological child of spouse – marriage certificate or affidavit for spouse and child's birth certificate.
2. In case of a death or divorce, the employee's spouse can finish the semester without additional cost to the spouse.
3. If the employee terminates his/her employment during the semester in which his dependent is enrolled in classes the dependent can finish the semester without any additional cost.

## **6.0 DEFINITIONS**

**Employment Contract:** A contract where an individual employee receives appointment to a position and where an employer-employee relationship exists between the College and the individual. The employee herein and the conditions of employment are governed by the Personnel Rules and Regulations.

**Personal Service Contract:** A contract between the College and a person or party for personal services. The contract is the sole document that contains all terms and conditions of the agreement. (See Section 7.1.2 of the Policy Manual for the conditions and limitations.)

Employee Dependent: An employee dependent is defined as the employee's biological child, legally adopted child, spouse and biological child of spouse living in the employees household.

**REQUEST FOR LEAVE WITH PAY**

<b>PART A</b> (To be completed by the employee)		
NAME	POSITION	HOW LONG AT POSITION
DEPARTMENT	DIVISION/OFFICE/ACTIVITY	DATE OF HIRE
I AM INTERESTED IN TAKING:		

COURSE NO AND TITLE	TIME OFFERED	SEMESTER
HOW DO YOU PERCEIVE THIS COURSE WILL HELP YOU IMPROVE YOUR JOB PERFORMANCE?		
SIGNATURE		DATE

<b>PART B</b> (To be completed by the immediate supervisor)		
DO YOU PREDICT THIS COURSE WILL ENHANCE THE EMPLOYEE'S JOB PERFORMANCE? IF YES, HOW? IF NO, WHY NOT?		
IS THIS COURSE PART OF THE EMPLOYEE'S DEVELOPMENT PLAN? (circle one)	YES	NO
SIGNATURE	DATE	

<b>PART C</b> (To be completed by the department head)		
REQUEST FOR LEAVE WITH PAY: (circle one)	GRANTED	NOT GRANTED
COMMENTS		
SIGNATURE	DATE	

Copies to a) Employee, b) Immediate Supervisor, c) Dep't. Head, d) Personnel