

**CITY OF COLUMBUS
TUITION REIMBURSEMENT APPLICATION
INSTRUCTION SHEET**

GENERAL INFORMATION – *Detach the instruction sheet from the application before sending the application to the Department/Division Coordinator.*

Your application must be submitted to the Department/Division Coordinator between ten (10) to thirty (30) days prior to course start date. Incomplete or denied applications will be returned to the applicant with an explanation of the reason for return.

SECTION A – APPLICANT INFORMATION

1. Enter name in order of Last, First, Middle Initial. Your Social Security Number is used as a unique identifier in the payroll system. See Table # 1 on Page 2 of the Instruction Sheet for a listing of Department and Division Numbers. Enter numbers as shown in the Table.
2. Enter your official Classification Title rather than a working title for your job. Enter your hire date rather than your date of rank unless they are the same.
3. See Table # 2 on Page 2 for a listing of Bargaining Unit Codes. Contact your Human Resources Section if you are not certain of your bargaining unit assignment. Work hours refer to start and end time of your shift. Use days of the week to identify days off (Example, Monday = Mon, Tuesday = Tues, etc.) Firefighters should list their Unit designation (1, 2, or 3) if not on a 40 hour schedule and their Kelly day under days off.

SECTION B – SCHOOL INFORMATION

1. See Table # 3 on Page 2 of the Instruction Sheet for a listing of School Codes. Use code # 999 for any school not listed. Enter the name of the college, university or organization offering the coursework rather than the location where classes will be conducted. See Table # 4 on Page 2 for a listing of Course Type Codes. (Note: Course code for Continuing Education is for CMAGE/CWA members only.)
2. Answer yes or no to the question asked. Please note the requirement for submission of a letter of acceptance for a first application related to enrollment in any degree program (Associate, Bachelor, Master, etc.) If no, attach a justification memo to support a first application for any coursework unrelated to your current job classification or job classification series. Second and subsequent applications need not be supported by justification information unless the degree being pursued changed.
3. Answer yes or no to the question asked. Enter your degree and major.
4. Answer yes or no to the question asked.
5. Enter all information requested for identification of course work for which you are seeking reimbursement. Please remember that your application must be submitted ten (10) to thirty (30) days prior to the start date of any course you plan to take. Questions relating to timely filing standards should be referred to your Department/Division Tuition Reimbursement Coordinator or your union representative. See Table # 5 for examples of allowable fees. Students enrolled in Internet courses with no scheduled days or hours for class work should enter the letters "INT" in the column headed "Day/s of Week."

SECTION C – ASSURANCES

1. Applicants who are eligible for scholarships or grants must declare the dollar value of such as it would be available during the time period covered by any application for tuition reimbursement. The City of Columbus follows the principle of being a "last payer of benefits."
2. Check your collective bargaining agreement or compensation plan document for information regarding your ability to be released from work to attend educational activities covered by the tuition reimbursement program. Applicants seeking release time from work to attend classes must attach a memo explaining how work requirements will be satisfied should the Appointing Authority agree to release time.

SECTION D – DIVISION/DEPARTMENT REVIEW AND APPROVAL *All entries in this section shall be made by authorized representatives of the Appointing Authority.*

1. Check each block to indicate that the application has been reviewed and is acceptable to the Department/Division. Note any exceptions on the line provided or attach an explanatory memo.
2. Affix signatures and date signed for Division and/or Department authorization.

Table # 1 – Department/Division List

2001	City Council
2201	City Auditor
2202	Income Tax
2301	City Treasurer
2401	City Attorney
2404	Real Estate Division
2501	Municipal Court – Judges
2601	Municipal Court – Clerk
2701	Civil Service
3001	Public Safety Department
3002	Communications Division
3003	Police Division
3004	Fire Division
4001	Mayor
4002	Community Relations Commission
4003	Equal Business Opportunity
4004	Education
4401	Development Department
4402	Economic Development Division
4403	Building Services Division
4405	Neighborhood Services Division
4406	Planning Division
4410	Housing Division
4500	Finance Department
4501	Finance and Management
4505	Fleet Management
4507	Facilities Management
4601	Human Resources Department
4701	Technology Department
4702	Information Services Division
5001	Health Department
5101	Recreation and Parks Department
5103	Golf Course Division
5901	Public Service Department
5902	Refuse Collection Division
5910	Division of Mobility Operations
5911	Division of Planning & Operations
5912	Division of Design & Construction
6000	Public Utilities Department
6002	Operational Support
6005	Sewerage and Drainage Division
6009	Power and Water Division

Table # 2 – Bargaining Unit Code

A	Management Compensation Plan
B	Boards and Commissions
C	AFSCME Locals 1632 & 2191
D	CMAGE/CWA Overtime Eligible
E	CMAGE/CWA Overtime Exempt
F	IAFF (Fire)
J	Ohio Labor Council, FOP
P	Fraternal Order of Police (Sworn)
W	Executive Police
X	Executive Fire

Table # 4 – Course Type Codes

A	Adult Education
C	Continuing Education (CMAGE/CWA Only)
G	Graduate
L	Law (J.D. or LL.M)
P	Doctorate (Ph.D.)
U	Undergraduate (Associate or Bachelor)

Table # 3 – School Code List

058	AMERICAN INTERCONTINENTAL (#)
042	AMERICAN MILITARY UNIVERSITY (#)
027	ARIZONA STATE UNIVERSITY
047	ASHLAND UNIVERSITY
015	AXIA COLLEGE
050	BOSTON UNIVERSITY
051	BRADFORD SCHOOL
041	CAPELLA UNIVERSITY (#)
004	CAPITAL UNIVERSITY
001	CENTRAL MICHIGAN UNIVERSITY
037	CENTRAL OHIO TECHNICAL COLLEGE
043	COLUMBIA SOUTHERN UNIVERSITY (#)
016	COLUMBUS COLLEGE OF ART AND DESIGN
002	COLUMBUS STATE COMMUNITY COLLEGE
006	DEVRY UNIVERSITY
003	EASTERN KENTUCKY UNIVERSITY
028	EXCELSIOR COLLEGE
007	FRANKLIN UNIVERSITY
054	HOCKING COLLEGE
035	HONDROS COLLEGE
014	JONES INTERNATIONAL UNIVERSITY
045	KELLER GRADUATE SCHOOL (DEVRY)
024	LIBERTY UNIVERSITY (#)
048	MOUNT VERNON NAZARENE UNIVERSITY
008	OHIO DOMINICAN UNIVERSITY
019	OHIO FIRE ACADEMY (REYNOLDSBURG)
009	OHIO STATE UNIVERSITY
011	OHIO UNIVERSITY
010	OTTERBEIN COLLEGE
012	PARK UNIVERSITY
029	PENN STATE
044	PIMA COMMUNITY COLLEGE
021	STATE FIRE SCHOOL (BGSU)
049	TIFFIN UNIVERSITY (LAW ENF MASTERS)
017	UNIVERSITY OF CINCINNATI (#)
036	UNIVERSITY OF DAYTON
034	URBANA UNIVERSITY
026	UTICA COLLEGE
040	WALDEN UNIVERSITY (#)
039	WILBERFORCE UNIVERSITY (CLIMB PROGRAM)
999	OTHER SCHOOLS NOT LISTED ABOVE

NOTE: (#) Distance Learning or Internet based courses offered.
School list is subject to periodic update.

Table # 5 – Fees (Below are examples only. Refer to applicant's collective bargaining agreement for specifics.)

<u>Allowable</u>	<u>Not Allowable</u>
General	Parking
Instruction	Laptop Use/Purchase
Lab	Matriculation/Graduation
Technology	COTA Bus
	Tuition Deferral Fee
	Book Use Fee

**CITY OF COLUMBUS
TUITION REIMBURSEMENT APPLICATION
PLEASE LEGIBLY PRINT ALL INFORMATION**

SECTION A - APPLICANT INFORMATION

1. NAME _____ (L, F, MI) SSN ____/____/____ DEPT #____ DIV #____ (Table 1)
2. WORK PHONE ____-____ CLASSIFICATION _____ HIRE DATE ____/____/____ (MM/DD/YY)
3. BARGAINING UNIT CODE: _____ (Table 2) WORK HOURS _____ to _____ DAYS OFF ____/____ FIRE ONLY Unit # _____

SECTION B - SCHOOL INFORMATION

1. SCHOOL CODE # _____ (Table 3) SCHOOL NAME _____ COURSE TYPE CODE _____ (Table 4)
2. PRIOR ENROLLMENT IN TUITION REIMBURSEMENT PROGRAM? ____ (Y or N) (See Note 1 below)
3. SEEKING A DEGREE? ____ (Y or N) WHAT IS THE DEGREE? _____ MAJOR? _____
4. COURSE WORK IS RELATED TO EMPLOYMENT WITH THE CITY OF COLUMBUS ____ (Y or N) (See Note 2 below)

5. Course Title	Course #	Required for Degree (Y or N)	Credit Hours	Course Start Date (MM/DD/YY)	Course End Date (MM/DD/YY)	Course Cost With Fees (See Note 3)	Course Schedule Day/s of Week Hours (Start - End)	

- Notes:** (1) - First application for any degree program must be accompanied by a letter of acceptance from the school
 (2) - First application for course work unrelated to present employment must be accompanied by a justification memo – see instruction sheet
 (3) - See instruction sheet for information regarding allowable fees

FOR HR DEPARTMENT USE ONLY

HR DEPARTMENT TIME STAMP HERE

REVIEW DATE ____/____/____ REVIEWED BY _____ APPROVED ____ (Y or N)

REASON FOR DENIAL

**TUITION REIMBURSEMENT APPLICATION
PLEASE LEGIBLY PRINT ALL INFORMATION**

SECTION C – ASSURANCES

1. I AM ELIGIBLE FOR GRANTS OR SCHOLARSHIP FUNDS ____ (Y or N) IF YES, ENTER DOLLAR VALUE \$_____

2. COURSE SCHEDULE CONFLICTS WITH MY WORK SCHEDULE ____ (Y or N) IF YES, EXPLAIN ARRANGEMENTS THAT WILL ALLOW PARTICIPATION UNDER TERMS OF YOUR COLLECTIVE BARGAINING AGREEMENT OR COMPENSATION PLAN.

Explanation note _____

I understand that payment initially will be made at my expense. I certify that I will not receive duplicate payment from Veteran's Assistance, military tuition benefits or any other source of grant or scholarship funds for the course/s listed on this application. I understand that I must submit my official grade report and the original of a paid receipt or unpaid bill, if authorized. If I am participating in a deferred tuition payment option with my school I may submit an original of the unpaid statement from the school provided my collective bargaining contract or compensation plan allows for payment deferral. I understand that any changes to the information listed on this application form must be submitted in writing through my division/department tuition reimbursement coordinator to the Department of Human Resources within ten (10) to thirty (30) days of the start of the course. I understand that approval of this application is subject to the terms of the collective bargaining agreement covering my employment. If I am not a member of any bargaining unit I understand that my participation in this program is governed by the Management Compensation Plan or other administrative directive. I understand that I may be required to repay the City of Columbus for all or part of any reimbursement I receive while participating in the tuition reimbursement program pursuant to the terms of the applicable collective bargaining agreement or applicable management compensation plan.

All information contained in this application is true to the best of my knowledge.

Signature of Applicant _____ Date ____/____/____ (MM/DD/YY)

SECTION D – DIVISION/DEPARTMENT REVIEW AND APPROVAL Enter an X for each requirement satisfied by the applicant

___ The applicant has sufficient continuous service time to be eligible for the tuition reimbursement program.

___ The course/s or degree program listed is related to the applicant's current job with the City.

___ The educational institution listed in this application conforms to the specifications of the applicant's collective bargaining agreement (or applicable management compensation plan).

___ The applicant's work schedule and course schedule do not conflict.

___ The application was submitted within specified time requirements.

For Division/Dept. TR Coordinator Use:
Entered in System ____/____/____ (MM/DD/YY)
Entered by _____

Division Authorization _____ Date ____/____/____ (MM/DD/YY)

Department Authorization _____ Date ____/____/____ (MM/DD/YY)