



**TCEA EMPLOYEE**  
**EDUCATION INCENTIVE PROGRAM**

**A TCEA EMPLOYEE WISHING TO RECEIVE REIMBURSEMENT FOR TUITION AND BOOK FEES FOR COURSEWORK RELATED TO THE ADVANCEMENT OF KNOWLEDGE AND SKILLS OF THEIR CLASSIFICATION, MUST REQUEST APPROVAL BY THE DEPARTMENT DIRECTOR AND THE CITY MANAGER PRIOR TO ENROLLMENT IN A COURSE.**

**UPON SUCCESSFUL COMPLETION WITNESSED BY A CERTIFICATE OR PASSING GRADE, THE EMPLOYEE WILL RECEIVE REIMBURSEMENT FOR FEES AS OUTLINED BELOW:**

- 1. THE MAXIMUM INDIVIDUAL REIMBURSEMENT IS \$500 PER FISCAL YEAR.**
- 2. AN AMOUNT OF NO MORE THAN \$4,500 PER FISCAL YEAR FOR EMPLOYEES IN THE MISCELLANEOUS BARGAINING UNIT MAY BE USED FOR THIS PURPOSE.**
- 3. PARTICIPANTS IN THIS PROGRAM ARE REQUIRED TO HAVE AND MAINTAIN A MINIMUM OVERALL PERFORMANCE RATING OF AVERAGE OR ABOVE.**
- 4. PROBATIONARY EMPLOYEES ARE NOT ELIGIBLE FOR THIS PROGRAM**
- 5. A COPY OF THE CLASS SCHEDULE MUST BE ATTACHED TO THE PROPOSAL FORM.**

**NOTE: PARTICIPATION IN THIS PROGRAM IS CONTINGENT UPON THE AVAILABILITY OF FUNDS.**

**TCEA EMPLOYEE**  
**EDUCATIONAL INCENTIVE PROGRAM**  
**PROPOSAL**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PROPOSED COURSE(S):**

**PROVIDER'S NAME / LOCATION:**

**DATES OF INSTRUCTION:**

**BENEFIT OR VALUE TO YOU AND THE DEPARTMENT / CITY:**

**COSTS:**

\_\_\_\_\_  
Department Director's Signature

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Date: \_\_\_\_\_

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

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Date: \_\_\_\_\_

**Note: Reimbursement will be made upon receipt of final grade or certificate of completion.**

<b><u>ADMIN SERVICES USE ONLY:</u></b>	Account #: _____
Date Request Submitted: _____	Date Receipts/Grades Submitted: _____