TOWN OF MILFORD EDUCATION REIMBURSEMENT POLICY FOR REGULAR FULL-TIME, NON-UNION EMPLOYEES

The Milford Board of Selectmen has approved that an allocation of funds would be included in the general fund benefits budget each year, pending approval by the voters at the Annual Town Meeting, to provide tuition reimbursement to regular, full-time, non-union employees of the Town who have successfully completed their probationary period and who participate in approved course work at an accredited college or university.

In order to apply and qualify for tuition reimbursement, the employee must complete and submit to his/her Department Head a Town of Milford "Application for Education Assistance" and an "Authorization for Deduction/Reimbursement of Tuition." prior to attendance of any course. All courses *must* be preapproved by the employee's Department Head in order to qualify for tuition reimbursement. The Department Head *must* certify that the courses support or improve the employee's proficiency in his/her current or future position with the Town. A course will not be eligible for reimbursement unless it is approved *in advance* by the employee's Department Head. Once the application and authorization forms are signed by the employee and approved by the Department Head, they are to be forwarded to the Human Resources Department to be placed in the employee's Personnel File.

As a general rule, classes or courses for which tuition reimbursement is being sought *may not* be taken on Town time and *must* be taken during hours when an employee is not scheduled to work. Prior to an employee being able to enroll in a course whose class hours *could* conflict with that employee's normal work schedule, *advance* arrangements are to be made with the employee's Department Head for authorization to change or modify the employee's work schedule in order to accommodate the class hours. At no time will course attendance be permitted to cause any overtime liability for the Town.

Tuition expenses will be reimbursed after the completion of (a) course(s). Employees must submit a Town of Milford "Request for Educational Reimbursement" to their Department Head no later than January 31st of any given year for courses completed between January 1st and December 31st of the previous year. Accompanying the reimbursement request must be a copy of the college/university transcript, certificate, or diploma indicating that the employee has successfully completed the course(s) with a grade of "C" or above (or a "pass" grade if grading is pass/fail) and a receipt or statement from the college/ university showing proof of payment. Reimbursement is for tuition expenses only and does not cover the cost of books, lab fees, etc.

Reimbursement checks will be issued in February once all requests have been submitted to the Finance Office by the Department Heads. Reimbursement to each individual will be based on each individual's total tuition expense as a percentage of the total expense of all employees requesting reimbursement times the total appropriation in the previous year's general fund benefits budget. In no case will reimbursement exceed the amount of tuition actually paid by the employee.

As indicated on the "Authorization for Deduction/Reimbursement of Tuition," it is expected an employee receiving tuition reimbursement from the Town of Milford will remain in the employment of the Town for a period of one (1) year following the date of reimbursement. If employment is terminated for any reason prior to the expiration of the one-year period, the employee shall be responsible for a pro-rated percentage of the tuition reimbursement. In this case, the employee agrees to repay the Town of Milford any sums due by authorizing deductions from final paycheck(s) or, if the sum due exceeds the final paycheck(s), the employee agrees to pay the amount due within sixty (60) days of termination or, at the option of the Town, to enter into a payment schedule for repayment of this debt.

All reimbursement payments are contingent upon the amount of money allocated in the budget for this purpose. Following is an example of how funds could be allocated if reimbursement requests exceed budget funding:

Employee A took 2 courses at \$500 each. Requests reimbursement for \$1,000 Employee B took 7 courses at \$950 each. Requests reimbursement for \$6,650 Total requests are \$7,650 (\$1,000 + \$6,650). Appropriation was \$5,000. Employee A receives reimbursement of \$653.59 (1000/7650 x 5000) Employee B receives reimbursement of \$4,346.41 (6650/7650 x 5000)

TOWN OF MILFORD AUTHORIZATION FOR DEDUCTION/REIMBURSEMENT OF TUITION

I have submitted an "Application for Education Assistance" together with this "Authorization for Deduction/Reimbursement of Tuition" and will be requesting tuition reimbursement from the Town of Milford upon completion of the course(s) taken under this Application. I understand and acknowledge all courses eligible for tuition reimbursement must be job-related, and that I must have completed the probationary period and be an employee in good standing prior to the start of the course(s). I understand the course(s) must be taken at an accredited institution and I must receive a minimum of a Grade "C" (or "pass" if the course is pass/fail). Tuition reimbursement is only available to full-time, regular employees of the Town of Milford.

I further understand it is expected I will remain in the employment of the Town of Milford for a period of not less than twelve (12) months following the date reimbursement is made. If my employment is terminated prior to the expiration of the 12 months, whether voluntarily or involuntarily, I authorize the Town of Milford to withhold from my last paycheck(s) a pro-rated percentage of such tuition reimbursement. I further understand I am responsible for such pro-rated percentage of tuition repayment and, in the event the tuition reimbursement owed exceeds the amount of my last paycheck(s), I agree to repay the Town of Milford any sums due within sixty (60) days or, at the option of the Town, to enter into a payment schedule.

Employee Signature	Witness Signature
Date	

TOWN OF MILFORD APPLICATION FOR EDUCATION ASSISTANCE

The Town of Milford offers tuition reimbursement for eligible full-time, regular employees (i.e., employees who have successfully completed their probationary period) who pursue job-related educational courses. (For detailed information on eligibility and other guidelines, refer to the "Education Reimbursement Policy" in the Employee Handbook of Personnel Rules or contact the Human Resources Director.)

In order to qualify for course reimbursement, this form – together with the "Authorization for Deduction/ Reimbursement of Tuition" form, must be completed and submitted to your Department Head for approval and authorization to attend the requested course(s).

Course Title:				
Educational Institution:				
Estimated Cost:				
Employee's Future Goals and/or Reason for Taking This Course:				
(If additional space is needed, use back of this form	n.)			
By signing this form, employee agrees to reimburse the Town of Milford if his/her employment is terminated (either voluntarily or involuntarily) within twelve (12) months from date of education reimbursement.				
Employee's Name (Please Print)	Department			
Employee's Signature	Date			
DO NOT WRITE	BELOW THIS LINE			
Verification by Department Head:				
Eligibility requirements have been met: Yes	_ No			
Approval:				
Approved: Denied:	Reason for denial:			
Department Head Name (Please Print)	Department Head Signature			
Date				

TOWN OF MILFORD REQUEST FOR EDUCATIONAL REIMBURSEMENT

Note: Reimbursement is dependent upon submission of the appropriate paperwork. In order to be reimbursed for education expenses, complete this form and submit to your Department Head for approval and submission to the Finance Department. Employee's Name: _ (Please Print) Course(s) Taken : _ Date Completed : _____ Please attach the following documentation to this form: ✓ Tuition bill or proof of tuition cost √ Grade Report (The Town of Milford will not provide reimbursement without this item) Employee's Signature Date Note: If employment is terminated (either voluntarily or involuntarily) within twelve (12) months from date of reimbursement, the employee is responsible for reimbursing the Town of Milford the amount paid to employee. (Per Agreement signed on Application for Education Assistance) DO NOT WRITE BELOW THIS LINE **Verification by Department Head:** Application for Education Assistance form completed and approved: Yes _____ Required documentation attached: Yes ____ No ____ Reimbursement amount approved: \$_____ (to be distributed in accordance with Education Reimbursement Policy) Department Head Name : (Please Print) Department Head Signature: Date: Reimbursement Amount Paid: \$_____

Entered in Financing: ______Date: _____

PROMISSORY NOTE

		<u>(</u> \$) DOLLARS
TEN (10%) PERCENT INTEREST, ONE (1) YEAR TERM		MILFORD, NH
FOR VALUE RECEIVED the unde	rsigned,	(2000	,
of		(nam	e)
(Street Address) County of	with a principal pla ough, State of No	ice of business at ew Hampshire, t	einafter "Maker"), does r of the Town of Milford, Town Hall, One Union he principal sum of
monthly installments of(\$) DOLLARS per month until this indebtedness will commence on th reimbursement from the Town and will con in kind according to the terms of the incorporated herein by reference. Said pa set forth above, or at such other place as the same content of the incorporated herein by reference.	e first of the mont tinue monthly therea Education Reimbur yments shall be mad	h following Maker fter until said amou sement Agreement e to the Selectmen	's date of educational nt shall be paid in full or t attached hereto and 's Office, at the address
Maker reserves the privilege of p before the date of maturity without penalty.		in full, or any porti	on or portions thereof,
If default be made in the paymen whole sum of principal and interest shall be of this Note without notice. Failure to exer waiver of the right to exercise the same in	ecome immediately of cise this option with	due and payable at respect to any defa	the option of the holder
And each and every party to thi hereby waives presentment for payment thereof, and agrees in case payment shall reasonable attorney's fees occasioned the	, notice of dishonor not be made at mate	, demand, protest,	and notice of protest
IN WITNESS WHEREOF I have	set my hand this _	day of	,
20			
Witness	Emplo	pyee	
DATE OF TUITION REIMBURSEMENT:	(To be completed by	Finance Departme	nt)
Distribution: Finance Department Department Head Personnel File			
Education Reimbursement Policy 07/04/rab			

EDUCATION REIMBURSEMENT AGREEMENT

THIS	S AGREEMENT is entere	d into this _	day of _		, 20	by and
between		(hereinafter	"Employee") a	01 nd_the_TOWN_O	F MILEORI) NEW
HAMPSHIRE	E (hereinafter "Town"):	(Hereinatter	Employee / a	na the rown o	i wiili ora	J, 14E44
WHEREAS	The "Employee" has a	oplied for tuition	on reimburseme	ent from the "Town	"; and	
WHEREAS	The "Town" has accepamong other things, the for said investment the period of one (1) year for the said investment the period of one (1) year for the said investment the period of the said investment the sa	e "Town" has e "Town" exp	expended the sects to receive	sum of \$ the services of th	on Assistar and ie "Employe	ice and, in return ee" for a
WHEREAS	The "Employee" acknowledge the expense of the "endeavors not necessary	Town" which	could be use	d by him/her in	future emp	
WHEREAS	The "Town" has reimb parties hereto are des Note from the "Employ at treceive twelve (12) full	ee" to the "To he rate of ten	wn" which Note (10%) percent	e shall provide for to the extent that	payment of	the said
NOW THER	EFORE , the "Employee" a	nd the "Town"	do hereby muti	ually covenant and	agree:	
"Employee": to the Town the rate of to monthly insta with the fir reimburseme thereafter un	the cost of the education this amount to the "Employ shall, concurrently with the of Milford in the principal en (10%) percent per annuallments of \$ st such payment comment as referred to above the said amount, together with the sattached hereto and in	execution of amount of \$\sum, which ar Said amount encing thirty and a like a ith interest, is	nount shall be shall be payab (30) days at mount on the paid in full as r	, execute a Promistogether with paid in the form of the in monthly payrifter the payment 30th day of each epresented by the	ssory Note interest the of twelve (1) nents, as in of the ee in and every	payable ereon at 2) equal dicated, ducation y month
extent that the twelve (12) employment as a result of cause during shall be respremains an uniform that the twelve (12) employment as a result of cause during shall be respremains an uniform that the twelve (12) employees the twelve (13) employees the	understood and agreed the "Employee" remains er months following reimburs in that fashion, he/she shapf the aforementioned Progethe twelve (12) month personsible to the Town of Milfoundischarged portion of the other the forgiving and discharged	nployed full-tisement and, all be entitled missory Note. riod or volunt ord for the passed by. It is useless.	me as a Town if the "Employe to a discharge, In the event arily resigns duyment of the Prenderstood betweet	of Milford "Emplo ee" completes two in full, of any mon that the "Employed iring said period, to comissory Note to ween the parties the	yee" for a pelve (12) melve (12) melves due ar ee" is terminen the "En the extent the debt	period of onths of and owing nated for apployee" nat there
	moneys under the Promiserminate his/her employme					

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dismissed for cause or as a result of misrepresenting his/her basic qualifications for employment or has caused his/her dismissal, failure, illness or injury in an attempt to avoid paying said Promissory Note, then

It is understood that in the event there is substantial evidence that the "Employee" has been

said Promissory Note shall be payable in full and the exceptions referred to above shall not apply.

Note shall be discharged and forgiven in full.

	to active military Duty or is granted a Leave of Absence, the period of Agreement shall be extended accordingly.
(12) month term outlined above, then the "lamount due and owing on the Promissory N that severance pay, and agrees and promis amount of the severance pay. Severance p	inployment with the "Town" prior to the expiration of the twelve Employee" agrees and authorizes the "Town" to deduct any ote from any severance pay due him/her up to the amount o ses to repay to the Town any balance due in excess of the pay may include, but is not limited to, accruals for sick leave we bonus. All payroll deductions for this purpose will be made
(7) This Agreement shall become enexecution by the "Employee" and shall remain Promissory Note, unless extended as provide	ffective on, the day o in full force and effect for the period of time identified in the ed in Paragraph 5 above.
	e agreement between the parties hereto and there are no or obligations made or entered into by the "Town" other than
11) The foregoing provisions are unders	tood and agreed to by the undersigned.
IN WITNESS WHEREOF, the partie this day of	es have executed this Agreement at Milford, New Hampshire 20
Witness	Employee's Signature
	MILFORD BOARD OF SELECTMEN:
Witness	Chairman
Witness	Vice-Chairman
Witness	Selectman
Witness	Selectman
Witness	Selectman
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