



# GENERAL ORDER

## GENERAL ORDER 130.05

### Tuition Reimbursement

#### ADMINISTRATIVE SERVICES

Issue Date: 11/20/1995

Revision Date: 07/25/2014

#### 1 APPLICABILITY

2 All full-time career personnel, civilian staff, and exempt employees who have completed six months of  
3 satisfactory service.

#### 4 POLICY

5 This General Order shall serve to ensure a uniform Departmental procedure for the application of the  
6 Tuition Reimbursement Program in conjunction with the Howard County Employee Manual.

7  
8 Eligible employees may receive a maximum reimbursement of \$1,500.00 per fiscal year.

9  
10 The Department of Fire and Rescue Services (Department) will not approve tuition reimbursement for  
11 courses that are otherwise offered free of charge by the Department, Howard County, or partner  
12 agencies. Exceptions may be made by the Chief of the Department on a case by case basis.

13 Uniformed fire/EMS personnel may also be eligible for the Maryland *Charles W. Riley Firefighter and*  
14 *Ambulance and Rescue Squad Member Scholarship Program:*

15 ([https://www.mhec.state.md.us/financialaid/ProgramDescriptions/prog\\_fire.asp](https://www.mhec.state.md.us/financialaid/ProgramDescriptions/prog_fire.asp))

#### 16 DEFINITIONS

17 ➤ None

#### 18 PROCEDURES

19 Prior to submitting paperwork to begin the reimbursement process, the Employee Manual shall be  
20 consulted for the specifics about the Tuition Reimbursement Program.

21  
22 All forms and associated paperwork shall be sent to the appropriate Bureau Chief for review and  
23 signature. The Bureau Chief will forward the approved documentation to the Human Resources  
24 Coordinator of the Administrative Services Bureau.

- 25 • Employees should not send forms directly to Human Resources. All tuition forms must be  
26 approved by the Chief of the Department or his designee.



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28 At least two weeks prior to the start of a class, the employee shall submit a completed Tuition Assistance  
29 Application Form and attach a copy of the course description. The Tuition Assistance Application Form  
30 may be found by clicking here: [Tuition Assistance Application](#)

31  
32 Upon completion of the course, the employee shall submit a completed Tuition Assistance Payment Form  
33 and attach a copy of his/her itemized receipt from the college and a copy of his/her grade report.  
34 Requests without proper attachments will be returned to the employee. The Tuition Assistance Payment  
35 Form may be found by clicking here: [Tuition Assistance Payment Form](#)

36  
37 The Tuition Assistance Payment Form should be submitted immediately upon completion of the course.  
38 Requests submitted beyond 45 days of completion shall require a memo stating why the request has  
39 been delayed. Requests submitted later than 45 days after completion may be subject to denial of  
40 reimbursement.

41  
42 If submitting a Tuition Assistance Payment Form when no Tuition Assistance Application Form was  
43 submitted prior to the class start, the employee must send a completed Tuition Assistance Application  
44 Form (with proper attachments) along with the Tuition Assistance Payment Form. A memo stating why  
45 the Tuition Assistance Application Form was not submitted on time shall also be included.

## REFERENCES

46  
47 Howard County Employee Manual, pages 18-20, [Educational Assistance](#).

## SUMMARY OF DOCUMENT CHANGES

## FORMS/ATTACHMENTS

- Attachment A: Tuition Assistance Application Form
- Attachment B: Tuition Assistance Payment Form

## APPROVED

Deputy Chief John S. Butler  
Operations Command



Howard County Department of Fire and Rescue Services

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Attachment A

HOWARD COUNTY GOVERNMENT TUITION ASSISTANCE APPLICATION FORM

Submit to Appointing Authority before commencement of course. To qualify for benefits, the employee must be an active full-time classified or exempt employee. To be eligible to receive benefits under the Tuition Assistance Program, the employee must have successfully completed his/her six months of employment. Do not fill out this application, if you do not meet the eligibility requirements.

Name: Date of Hire: Dept/Division: Job Title: College/University: \*county only reimburses at "In-County" rates Course Dates: Degree Program: Status: Undergraduate Graduate County of Residence: Executive Exempt

Table with 3 columns: Course #, Title, # Credits @ \$ = \$

TOTAL \$ (\$1,500 Max/ FY)

Note: A copy of each course description from the school's catalogue MUST BE submitted with this application.

Explain below how the above course(s) or degree program is job related.

Blank lines for explaining course(s) or degree program is job related.

Do you receive assistance from any other institute/governmental source? Yes\*\* No

\*\*If Yes, list source and amount of assistance. Failure to disclose assistance is grounds for disapproval of tuition reimbursement and/or discipline. Do NOT include loans that you must repay.

Source: Amount \$ Per

Employee's Signature: Date:

Department/Division

Appointing Authority: Signature / Print Approved [ ] Disapproved [ ]

Human Resources: Signature & Date Approved [ ] Disapproved [ ]

Distribution: -Office of Human Resources -Department/Bureau -Employee PE -27A

Revised 07/09

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# Howard County Department of Fire and Rescue Services GENERAL ORDER

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## Attachment B

### HOWARD COUNTY GOVERNMENT TUITION ASSISTANCE PAYMENT FORM

This request must be submitted to the Human Resources Department within 45 days of the completion of the course(s) and only after a Tuition Assistance Application Form has been submitted and approved. The maximum amount of reimbursement is \$1,500 per fiscal year. Please refer to the employee handbook on the rules of the Educational Assistance Policy.

I, \_\_\_\_\_, SS# \_\_\_\_\_, have completed the following course(s), which had prior approval, with a passing grade. I am requesting reimbursement under Howard County's Educational Assistance Policy.

COLLEGE OR SCHOOL \_\_\_\_\_

SEMESTER AND YEAR \_\_\_\_\_ Executive Exempt [ ]

_____	_____	# Credits: _____ @ \$ _____	=	\$ _____
Course #	Title			
_____	_____	# Credits: _____ @ \$ _____	=	\$ _____
Course #	Title			
_____	_____	# Credits: _____ @ \$ _____	=	\$ _____
Course #	Title			

Lab Fees \$ \_\_\_\_\_

Other Required Fees (list): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Amount of Dollars Received From Other Institutional or Government Sources: (Minus) \$ \_\_\_\_\_

**TOTAL APPROVED REIMBURSEMENT** \$ \_\_\_\_\_

(\$1,500 Max/FY)

#### ATTACHMENTS REQUIRED:

(Claim will NOT be processed if any of the required documentation is not attached.)

1. Copy of **paid / itemized** Tuition Receipt/ other fees. Receipt for any book fees claimed.
2. Grade report with passing grade

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Department/ Division

Appointing Authority: \_\_\_\_\_ / \_\_\_\_\_ Approve [ ] Disapprove [ ]  
Signature/Print

Human Resources: \_\_\_\_\_ Approve [ ] Disapprove [ ]  
Signature & Date

- Distribution:
- Office of Human Resources
  - Department/Bureau
  - Employee

Revised 07/2014

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