

## **AFSCME & State of Michigan Tuition Reimbursement Application**

Please make sure the address on this application form is the same as in your payroll *AND* vendor files. If you have any questions about updating your address or your vendor file, please contact your personnel office. Vendor files can also be updated by going online to: <http://www.cpexpress.state.mi.us>. Please print in ink, complete all sections, send all documents. You must submit your application within six (6) months of completing the class, semester, or term. Courses completed after 10/1/05 are eligible for reimbursement.

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

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Location (facility): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email address: \_\_\_\_\_

Class & Level: \_\_\_\_\_ AFSCME Local #: \_\_\_\_\_ Date last dues/fees paid: \_\_\_\_\_

Are you willing to have your reimbursement paid through an EFT?  Yes  No  
If yes, make sure that it is so noted on your vendor file and the routing information is there. **You must create a non-payroll vendor file. Go to:** <http://www.cpexpress.state.mi.us> If you were hired after September 30, 2002, EFT payment is required (Civil Service Rule 5-15).

Program/Degree/CEUs/Certificate/Other: \_\_\_\_\_

Name of School: \_\_\_\_\_ Semester (only one/application): \_\_\_\_\_

Course Title Abbreviations and Numbers (attach additional pages if necessary):

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

***Please complete reverse side.***

## AFSCME & the State of Michigan

### Tuition Reimbursement Application Page Two

To receive reimbursement, you need to submit:

- a. an *itemized billing* showing the fees and tuition charged to the student.  
**IS THIS DOCUMENTATION ATTACHED?** \_\_\_\_\_
- b. a copy of the school's *rate per credit hour* for the term requested.  
**IS THIS DOCUMENTATION ATTACHED?** \_\_\_\_\_
- c. your *final grade report* for the term/semester. The fund will only pay for a course once, and only if credit was earned.  
**IS THIS DOCUMENTATION ATTACHED?** \_\_\_\_\_

If you have applied for tuition reimbursement from your department, you must submit a copy of the Department's response. Enter N/A if your department does not offer tuition reimbursement.

**IS THIS DOCUMENTATION ATTACHED?** \_\_\_\_\_

If you are receiving funds from any other source, you must submit documentation of those funds. Enter N/A if you did not receive any grants, scholarships, or money from other sources.

**IS THIS DOCUMENTATION ATTACHED?** \_\_\_\_\_

**Applicant Certification:** My signature indicates agreement to remain employed by the State of Michigan following completion of training, for a period of time equal to that spent in training. I understand that if I voluntarily leave such employment, I will reimburse the Resource Fund for tuition received on a pro rata basis; further, this does not represent a guarantee of my employment on behalf of the Union or the Employer. I certify that all information furnished in this application is correct and any information found to be false will result in this tuition request being refused.

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

*If you have questions, you may call the Council Office at (269) 343-0348, toll-free (866) 405-6800, or address your questions to us at the following Kalamazoo Office email address: [kzoo@miafscme.org](mailto:kzoo@miafscme.org). A copy of the criteria which outlines guidelines for use of the funds is available online at [www.michigan.gov/ose](http://www.michigan.gov/ose), [www.miafscme.org](http://www.miafscme.org), or to request a copy, please contact us at the above phone number and/or email address. The information provided in the Criteria might be very helpful to you.*

**PLEASE MAIL ALL REQUESTED DOCUMENTS TOGETHER, SINCE NO ACTION CAN BE TAKEN ON INCOMPLETE PAPERWORK. All completed applications should be mailed to:**

**Michigan AFSCME Council 25, 3625 Douglas Avenue, Kalamazoo, MI. 49004-3403**

**Institutional Unit**  
**Criteria for Reimbursement from the**  
**Employee Education and Resource Fund**

1. Reimbursement is to enable non-probationary Bargaining Unit employees to obtain the education necessary for state classified jobs that have post high school educational requirements up to and including a master's degree.
2. Application for reimbursement must be submitted within **six (6)** months after completing a course.
3. Classes that began prior to the employee's hire date are not eligible for reimbursement. An initial probationary employee who enrolls in a course after starting work for the State must wait to submit the application for reimbursement until s/he achieves status. **Applications must be submitted within six (6) months after achieving status.**
4. Employees must attend an accredited college or university (including correspondence or distance learning course(s) from an accredited school that would lead to a degree) or a state-licensed trade school. A list of non-accredited colleges and universities is available at: [www.michigan.gov/ose](http://www.michigan.gov/ose)
5. Tuition/registration for a course will only be reimbursed once.
6. Reimbursements will not be made for a degree of the same level as one already reimbursed through this fund.
7. Employees must fully complete, sign, and mail to AFSCME's Kalamazoo office an Application for Tuition Reimbursement form, along with proof of payment for the course(s), proof of satisfactory completion of the course(s) (i.e., course credit), and a copy of the institution's per credit-hour rate. Employees must be registered in the vendor file. It is the employee's responsibility to register and update any change in the file.
8. **Tuition** Reimbursement is limited to:
  - Actual tuition **costs and registration fees, up to \$2,500 per person per fiscal year.** For distance learning courses in which credit is earned only by exam, the cost of the exam will be reimbursed, but there is no reimbursement for tuition.
  - Other fees, such as graduation, late payment, parking, and technical fees, books, and other items are not tuition and will not be considered for reimbursement.
9. Any grants or scholarships received will be subtracted from the employee's total billed education costs, excluding any lodging/meal/transportation costs, for the term/semester. The remaining balance will be considered for reimbursement eligibility.

Additionally, employees in departments that provide tuition reimbursement must apply to their department and include a copy of the response with their application to this fund. Any reimbursement received from a department or other fund for tuition and

registration/enrollment fees will be deducted prior to determining eligibility for reimbursement from this fund. In no case shall reimbursement exceed the total billed cost.

10. Employees whose applications are approved will be expected to continue to work for the State for a period of time equivalent to the time they attended school under this program (e.g., equivalent to one or more terms or semesters).
11. The fund shall be utilized to reimburse laid-off status employees for their continuation of State of Michigan group health insurance payments. Reimbursement shall be limited to three months, except in extraordinary circumstances as approved by the committee. *Applicants need to submit copies of their payment coupons and payment checks.*
12. **Payment will be on a first-come, first-served basis, with priority given first to reimburse employees for health insurance. Secondly, educational reimbursements will be made generally on a quarterly schedule. In the event of insufficient funds, payments will be based on seniority.**
13. Legitimate charges to the fund include: postage costs for correspondence to applicants; supplies and equipment not to exceed a total of \$100.00 without further committee approval; and the hourly fee for one (1) temporary part-time assistant provided and supervised by Council 25 for reasonable and necessary support services for the fund. The Office of the State Employer will receive half as much as Council 25 to offset some of the administrative costs.
14. The Office of the State Employer shall maintain on file for auditing purposes the appropriate documentation verifying disbursements, which they have approved.
15. The committee established under the collective bargaining agreement shall meet at the request of either party to address any changes in the utilization of this fund.
16. **Tuition reimbursement applications are available online at [www.michigan.gov/ose](http://www.michigan.gov/ose) and [www.miafscme.org](http://www.miafscme.org).**

**Send applications to:**

**Michigan AFSCME Council 25, 3625 Douglas Ave., Kalamazoo, MI 49004-3403**

If you have any questions, you may contact **Stacie Dineen** at (269) 343-0348, toll-free (866) 405-6800 or by email at: [kzoo@miafscme.org](mailto:kzoo@miafscme.org).

**Criteria approved July 20, 2005**