### **Municipality of West Elgin**

Schedule "A" to By-Law #2021-11

## Policy HR-1.13 Education Reimbursement Policy

Effective Date: February 1, 2021

**Review Date:** 

### **Policy Statement**

The Municipality is committed to attract and retain competent employees and to help enrich the work experience of employees through greater satisfaction and preparation for assuming levels of performance and responsibility.

To provide on an equitable and consistent basis, a method of meeting the training and development needs of employees in accordance with individual and organizational needs, requirements and objectives.

### **Application**

This policy applies to eligible employees of the Municipality of West Elgin including members of the West Elgin Fire Department.

### **Eligibility**

To be eligible to receive reimbursement for an education or training course the following criteria must be met:

### **Employee Eligibility**

- a) Full time employee and/or active member of the fire department of the Municipality of West Elgin;
- b) Not Receiving financial assistance from other sources (ie scholarship, grants or reimbursement from other employment source);
- c) Completed one (1) year in an ongoing position. Employees on a fixed term position are not eligible (if the job requires certain ongoing training/education, exceptions to this qualification may be granted by the CAO).

#### Course Eligibility

The following list, while not exhaustive, describes the type of programs and courses which may be approved for reimbursement:

a) Offered by an accredited college or university;

- b) Offered by professional institution/ association such as AMCTO or AMO
- c) Skills training or professional development related to current role
- d) Courses required for the completion of a job-related diploma/ degree or certificate
- e) Courses must have a direct relationship to present job responsibilities or anticipated future responsibilities as approved by CAO.

#### **Process**

Approval for Educational Course is subject to Department Head and/or CAO approval as well as availability of funds within the current year's budget.

All employees and fire fighters must submit the Educational Course Approval and Fee Reimbursement Form to their Department Head for approval prior signing up or beginning any course.

The employee must apply for reimbursement once the course is completed and the grade and/or certificate has been awarded through submission of Section 3 of Educational Course Approval and Fee Reimbursement Form.

Reimbursement amounts shall be awarded based on amount of funds available in the current year's budget and the departmental needs/requirements for training and development.

## West Elgin Application for Educational Course

# Approval and Fee Reimbursement

O Education Course Approval (Complete Section 1 & 2)

O Education Course Reimbursement (Complete Section 3 when course completed)

### **Section 1**

Application for Approval to take Educational Course					
Employee Name					
Date of Application	Donartment Name				
Date of Application	Department Name				
Course Title		Cost of Course			
Course Description					

Name of Facility/Assoc	ciation providing course	<b>Course Start Date</b>	Course End Date
Please consider me for the and Development Policy.		ional course in accordance v	vith the Municipal Training
		course with a passing grade al Training and Developmen	
It is understood that appro	oval, if given, shall be for the	e approved course and dates	only.
Employee Signature			Date
Section 2			
To be completed	d by Department F	lead	
To be completed	by Department	icau	
Department Head	Conditions		
Comments			
Approved			
Not Approved			
Department Head Nam		Date	
Department Head Nam	e	Date	
Department Head Sign	ature		

## **Section 3**

## Application for Reimbursement

I have successfully attached the follow documentation	y completed the course, and ving supporting	Date of Completion	
Receipts	Certificate of Completion/Transcript		
Employee Signatu	re		Amount of Reimbursement
Department Head	Signature		Date

## **Finance Information**

Date Form Received

**Date Reimbursement Processed**