



Administrative Procedure 7135 Employee Scholars Program

All full time employees of the West Hills Community College District, including faculty, classified, classified management, confidential and administrative employees, are eligible to be considered for the Employee Scholars Program.

The course of study must be directly related to the employee's present/future position, or a degree requirement for a position to which the employee may transfer or progress towards within the District. Prior approval must be granted by the supervisor, College President (if applicable), Staff Development Committee, and final approval by the Chancellor before coursework begins.

Application Process

Employees are responsible for submitting applications for the Employee Scholars Program in accordance with this procedure, utilizing the Employee Scholars Program Application Request (Appendix A). All applications must be submitted and approved prior to the beginning of coursework. Incomplete applications will be returned to the employee.

Employees are responsible for completing the application request and obtaining the approval of his/her immediate supervisor, the College President (if applicable), the Staff Development Committee, and the Chancellor.

Supervisors are responsible for:

1. Reviewing/verifying employee information for accuracy;
2. Making recommendations as to applicability of the course to the employee's present/future position within the District; and
3. Forwarding the request to the next appropriate level.

Reimbursement Process

All reimbursement requests are to be submitted using the Employee Scholars Program Reimbursement Request form (Appendix B). All course work to be reimbursed must be taken at an accredited university or college. Reimbursement for course completion will be paid provided the course is completed with a "C" or above or a "Pass" in the case of a "Pass" or "Fail" grade. Reimbursement will be made within the following limits for registration fees, tuition and books: 100% up to \$300 per unit up to a maximum of 10 units per year.

Reimbursement requests are to be submitted for reimbursement within sixty (60) days of completion of each course. Requests not submitted in a timely manner will be denied.

All course work must be completed outside the employee's normal working hours.

Should the employee leave the employment of the District within 24 months after receiving reimbursement for any courses or classes taken, the employee shall reimburse the District a pro

Administrative Procedure 7135
Employee Scholars Program

rated amount of the expenses (i.e. If the District reimburses the employee \$2,000 for a class and the employee leaves after 12 months, the employee will owe the District \$1,000).

Board approval date: 11/13/01

Revised: 1/24/06

Revised: 9/25/07

EMPLOYEE SCHOLARS PROGRAM

APPLICATION REQUEST

Employee/Applicant Name: _____ Date: _____

Job Title: _____ Location: _____

Department/Discipline: _____

Date of Employment with West Hills Community College District: _____

Effective dates for proposed Educational Course Work: From _____ to _____
(Month/Year) (Month/Year)

Degree Desired: AA/AS Masters Other
 BA/BS Doctorate

Course of Study: _____

Major or Certification: _____

Name of Accredited College or University: _____

(Attach a copy of the proposed coursework.)

Please be specific about what you propose to accomplish. You may indicate a combination of eligible activities. Use additional pages as necessary.

- A. What is your professional development objective (i.e. work toward a higher degree; additional coursework in my field of study; etc.)?

- B. How will completion of your professional development objective help you with your current position with the West Hills Community College District?

- C. How will completion of your professional development objective help the needs of the District?

Applicant Signature

Date

The applicant agrees and understands that they will continue employment with the District for two years after completion of their educational course work.

Date Received by Applicant's Immediate Supervisor: _____

Supervisor's Recommendation: Approve _____ Disapprove _____

Comments: _____

Signature of Supervisor

Date

College President's Recommendation (if applicable): Approve _____ Disapprove _____

Comments: _____

Signature of College President

Date

Staff Development Committee Recommendation: Approve _____ Disapprove _____

Comments: _____

Signature of Staff Development Committee Chair

Date

Chancellor's Recommendation: Approve _____ Disapprove _____

Comments: _____

Signature of Chancellor

Date

EMPLOYEE SCHOLARS PROGRAM

REIMBURSEMENT REQUEST

PLEASE SUBMIT A SEPARATE REQUEST FOR EACH COURSE/CLASS

Name: _____ Date: _____

Name of Course/Class Completed: _____

Number of units completed: _____ Semester Units Quarter Units

Grade: _____
(Please attach a copy of grade report verifying grade received)

Did you receive other sources of financial aid for this coursework (excluding loans for which repayment is required)? No Yes – Describe: _____

Reimbursement amount requested: \$_____
(Please attach copies of receipts. Receipts must show evidence of payment of tuition, fees and/or books paid in full.)

As per Administrative Procedure 7135, reimbursement will only be made if appropriate approvals are obtained in advance of course being taken. All course work to be reimbursed must be taken at an accredited university or college. Reimbursement for course completion will be paid provided the course is completed with a "C" or above or a "Pass" in the case of a "Pass" or "Fail" grade. Reimbursement will be made within the following limits for registration fees, tuition and books: 100% up to \$300 per unit up to a maximum of 10 units per year.

I certify that the above information is true and correct and that the course work was completed outside of my normal working hours. I also understand that, should I leave the employment of the District within 24 months after receiving reimbursement, I will owe the District a pro-rated amount of the reimbursement based on the date my employment ends.

Signature of Requestor

___ Reimbursement request granted
___ Reimbursement request not granted. Reason: _____

Frank Gornick
Chancellor

Date: _____