



After one complete year of service, 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 toward within the District. The course of study must also relate to advancing the District's vision of the relentless pursuit of student success. Greater consideration will be given to disciplines in high demand.

Coursework must be taken at an accredited college or university.

Application Process

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

Prior approval of the application for the Employee Scholars Program must be granted by the employee's immediate supervisor. For college level employees, approval must also be granted by the College President. For District level employees, approval must also be granted by the District Vice Chancellor or District Deputy Chancellor, as appropriate.

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

The following requirements must be met in order for the reimbursement request to be considered for approval:

- An approved application must be on file in the Chancellor's Office.
- 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 the accredited university or college as indicated on the original application.
- The cost of a class may be reimbursed provided the class is completed with a grade of “C” or above or a “Pass” in the case of a “Pass” or “Fail” grade.
- Reimbursement may be made within the following limits for registration fees, tuition and/or books: 100% up to \$400 per unit up to a maximum of 10 units per year (each participant’s year begins upon approval of the first reimbursement request).
- Reimbursement requests are to be submitted for reimbursement within sixty (60) days of completion of each class. Requests not submitted in a timely manner will be denied.
- The following documentation/information must be attached to each reimbursement request:
 - Grade report or transcript showing course completion and applicable grade
 - Detailed receipt(s) showing payment for registration fees, tuition, and/or books purchased
 - Class beginning and end dates
- 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-rated amount of the reimbursement(s) received (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; 9/25/07; 7/1/16

EMPLOYEE SCHOLARS PROGRAM APPLICATION

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)

Name of Accredited College or University: _____

Course of Study: _____

Major or Certification: _____

Degree Desired: AA/AS Masters Other (Professional Development)
 BA/BS Doctorate

***** A copy of the proposed coursework or educational plan must be attached *****

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 and advance the District's vision of the relentless pursuit of student success?

Employee/Applicant Signature

Date

The employee/applicant agrees and understands that should he/she 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 prorated amount of the reimbursement(s) received.

Recommendation of Immediate Supervisor: _____ Approve _____ Disapprove _____

Comments: _____

Signature of Immediate Supervisor _____ Date _____

Printed Name of Immediate Supervisor: _____

Recommendation of College President; District Vice Chancellor; or District Deputy Chancellor (as appropriate): _____ Approve _____ Disapprove _____

Comments: _____

Signature of College President; District Vice Chancellor; or District Deputy Chancellor _____ Date _____

Recommendation of Chancellor: _____ 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 or transcript 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.)

Class beginning date: _____ Class end date: _____ (Please attached a copy of the academic calendar or other documentation which indicates beginning and end dates.)

As per Administrative Procedure 7135, reimbursement will only be considered if appropriate approvals are obtained in advance of course(s) being taken. All course work to be reimbursed must be taken at an accredited university or college. Reimbursement for course completion may 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 may be made within the following limits for registration fees, tuition and books: 100% up to \$400 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: _____

Chancellor

Date: _____