

## Tuition Reimbursement Fact Sheet

At The Housing Authority of the City of Milwaukee (HACM) we believe learning is a priority, and fundamental to our success. Through the Tuition Reimbursement Program, we are committed to supporting your continued development, helping you reach your full potential and grow with the Authority.

### What are HACM's Tuition Reimbursement Program Benefits?

Continuing your education is important throughout life. HACM's Tuition Reimbursement Program supports your continued education and advancement. The program reimburses approved courses, up to a maximum of \$1,500 per calendar year. Funds do not roll over to the next year.

### Who is eligible?

You're eligible to participate if you are classified as a full-time employee in good standing. You must also not be on a Leave of Absence at the time the course begins or when you submit your grades for reimbursement. To be reimbursed for courses, you must pass with a letter grade of "C" or better (or, "pass" for courses taken on a pass/fail basis). Also, when grades are not given, such as for short courses or seminars, an employee must obtain a statement of completion from the instructor verifying that the course has been satisfactorily completed.

Courses other than those taken at the graduate level must be directly related to an employee's present position or reasonable promotional objectives within HACM. Graduate level courses must be directly related to an employee's present position.

Courses must be taken at accredited institutions or schools and must have the final approval of the Secretary-Executive Director.

Employees are permitted to use tuition and textbook reimbursement to take courses during work hours with prior approval.

### When can I take advantage of this benefit?

You can take advantage of this benefit upon date of employment.

### How do I participate in the Tuition Reimbursement Program?

Here's what you need to do to apply for the program:

1. Meet with your immediate supervisor to discuss your eligibility and how the courses will develop your skills.
2. Prepare Tuition Reimbursement Program application; forward your completed application to [askhr@hacm.org](mailto:askhr@hacm.org) (Keep a copy for your records).
3. The following approvals are necessary:
  - ↔ Immediate Supervisor
  - ↔ Department Head
  - ↔ Human Resource Manager
  - ↔ Secretary-Executive Director
4. To be eligible for reimbursement under this program, your application must be received and approved no later than four weeks following the starting date of a course.

5. If your application is approved, you'll receive a notice of approval. If your application is not approved, you will be advised in writing. Expect a response from the Human Resource Department within seven to 10 business days.

### **How do I get reimbursed through the Tuition Reimbursement Program?**

Within eight weeks of the date you complete your classes, submit the following to the Human Resources Department:

- A copy of your Approval Letter
- A copy of your official transcript showing the grades you received
- An itemized tuition bill from the institution showing the tuition and fees charged per credit hour or per class

Employees must remain in the service of HACM for six months after receiving tuition reimbursement or the amount reimbursed will be deducted from the employee's final paycheck.

After these items have been received and reviewed by Human Resources, if you pre-qualified for reimbursement, a separate check will be mailed to your home within four – six weeks.

### **Where can I get more information?**

For more information, you can:

- E-mail questions to [askhr@hacm.org](mailto:askhr@hacm.org)
- Call Human Resources at 414-286-5939 or 414-286-8500

The Housing Authority of the City of Milwaukee has the right to alter, discontinue or vary the tuition reimbursement program at anytime. Acceptance into the tuition reimbursement program does not constitute an employment contract with the Housing Authority of the City of Milwaukee.



**HACM Tuition Benefit  
Pre-Approval Application for Tuition Reimbursement\***

**RETURN THE APPLICATION TO:**  
 Human Resources Department  
 Housing Authority of the City of Milwaukee  
 809 North Broadway  
 Milwaukee WI 53202  
 Phone: 414.286.5939 / Fax: 414.286.0599  
 Email: askhr@hacm.org

I am requesting pre-approval for the costs of the following course(s) which are eligible for reimbursement under the tuition reimbursement plan.  
 \*Approval indicates authorization of payment, if policy is satisfied.

**APPLICANT INFORMATION (continued on page 2):**

NAME (first, last):		JOB TITLE:
DEPARTMENT:		SUPERVISOR:

**PLACE A CHECK MARK IN THE COLUMN BELOW IF YOU ATTENDED THE COURSE ON HACM TIME (not on your own time).**

COURSE TITLE	HACM Time	Start Date (mo/day/year)	End Date (mo/day/year)	TUITION COST
1)				\$
2)				\$

List the name of **EACH** textbook title, equipment and supply cost **INDIVIDUALLY**. Reimbursement only covers required textbooks. The Tuition Benefit **DOES NOT** cover sales tax or shipping/handling fees.

TEXTBOOK TITLE / EQUIPMENT / SUPPLY DESCRIPTION	COST (without sales tax)
1)	\$
2)	\$
3)	\$

How is course of study related to your job and/or career goals with HACM? Be specific

Supervisor's comments on course/program. How will this program benefit HACM?

**TYPE OF COURSE(S) TAKEN:**

<input type="checkbox"/> Undergraduate-Level Course (Associate or Bachelor's Degree)	<input type="checkbox"/> Correspondence or Online Course
<input type="checkbox"/> Graduate-Level Course (Master's Degree or Ph.D.)	<input type="checkbox"/> Continuing Education Credit
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Certificate Program

➤ I have read the instructions and Administrative Guidelines and I agree to abide by them. If I register for a course offered by Employee Relations (DER) and fail to cancel by the cancellation date, do not attend, or do not pass or complete the course, I agree to pay for the full course registration fee. Otherwise, I authorize the course registration fee to be deducted from my paycheck.

Employee Signature		Date:
Supervisor Signature		Date:
HR Manager Signature		Date:
Department Head Signature		Date:
Secretary-Executive Director		Date:

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