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Kansas Department of Administration

Tuition Assistance Policy

Purpose

The Kansas Department of Administration (D of A) may reimburse employees for educational courses that enhance employee job skills, knowledge and abilities related to current or anticipated needs of the agency. Approval for reimbursement in accordance with this policy is dependent upon available funding.

This policy is not intended to cover costs associated with seminars, conferences or other similar events. Office Directors are strongly encouraged to continue allowing employees to attend these types of events when sufficient funding is available.

Eligibility

All full-time and part-time employees who are eligible for benefits and who received a rating of at least "Meets Expectations" on his or her most recent performance review are eligible to receive assistance in the amount of up to $2,000 for one class or course per semester, or interim session.

Reimbursement in accordance with this policy can be applied to classes or courses in continuing or higher education which include regular in-person or online meetings and result in a final grade. Courses or classes taken in pursuit of a GED are eligible for reimbursement in accordance with this policy. Courses or classes may not be approved if similar education or training is otherwise available free of charge.

Reimbursement shall only be available upon successful completion of the course or class as evidenced by: 1) a letter grade of "C" or better if letter grades are given for the course or class; or 2) a grade of "Pass" if the course or classis taken as Pass/Fail. Employees must provide verification of successful completion of the class or course within 30 days of the completion of the course in order to receive reimbursement.

Employees must remain employed with D of A during the full-term of the course or class for which he or she is requesting assistance in order to be eligible for reimbursement.

Attendance

Participation in classes or courses for which an employee is receiving reimbursement in accordance with this policy shall not interfere with the employee's regularly scheduled duties and responsibilities. While the program is intended for classes or courses taken on an employee's own time, flex time arrangements or appropriate leave may be approved in order to accommodate scheduling issues.

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Application

Employees must complete and submit a D of A Tuition Assistance Form (see below) to the Office of Personnel Services (OPS) at lease four weeks prior to the start of the class or course in order to be eligible for reimbursement in accordance with this policy. The completed Form that is submitted to Ops must include the signature of the employee's supervisor in order to be processed further.

Staff from OPS will provide completed Form(s) to the Office Directors for their approval prior to presenting to the Secretary of Administration, or his or her designee, for final approval. Approval for reimbursement in accordance with this policy is at the discretion of the Secretary, in accordance with his or her determination that such a decision is in the best interests of the agency.

Adam C Proffitt

Adam C. Proffitt, Secretary
Department of Administration

03-27-2023

Date

Rev 2-2020

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Pass	Fail

Department of Administration
DA-426
Rev 2-2020

KANSAS DEPARTMENT OF ADMINISTRATION
TUITION ASSISTANCE APPLICATION

EMPLOYEE INFORMATION

Employee Name _____ Job Title _____
Office/Unit _____ Employee ID # _____
Work Phone _____ Work Email _____

COURSE INFORMATION
Title of Course _____
Educational Institution _____
Dates Attended: From _____ To _____
Registration Date _____ Credit Hours _____
Tuition Costs _____

Give a brief description of your current duties and responsibilities: _____
_____
_____
_____

Describe how you expect this course or class to improve your performance in your current position or prepare you for a future position: _____
_____
_____
_____

ATTACH A COPY OF THE COURSE DESCRIPTION TO THIS FORM.

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____

APPROVED BY:

Division/Office Director _____ Date _____

Secretary or Designee _____ Date _____