



COLLEGE OF MICRONESIA – FSM

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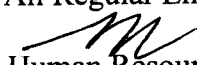
E-Mail: rencelly@comfsm.fm

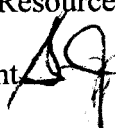
Office of Human Resources

January 17, 2008

MEMORANDUM

TO: All Regular Employees

FROM:  Human Resources Director

THROUGH: President 

SUBJECT: Implementation of Revised Policy 003 **Tuition Wavier and Reduction**

In their December 2007 meeting, the Board of Regents approved the revised Policy 003 Tuition Wavier and Reduction. The policy is hereby implemented effective January 28, 2008.

It is provided here for your use and information. The Human Resources Office will organize time and place for each campus to explain this policy to employees. Please take a few minutes to review the policy and the two forms also attached. You may direct your questions to the Human Resources Office at (691)320-2480 or email: rencelly@comfsm.fm.

I would take this opportunity to thank the committees and college personnel for your contribution and support in the development of this policy. I look forward to working with you on the other policies being worked on this semester.

Thank you.

POLICY 003

Tuition Waiver and Reduction

1.0 POLICY

It is the policy of COM-FSM to allow waiver of tuition and auditing fee up to six (6) COM-FSM credit hours each academic semester for all full-time regular employees. Employees planning to take courses must receive administrative approval before registering and are limited to one course during working hours per term. An additional course may be taken outside of working hours each term.

Dependents of regular employees of the college are eligible for a 50% tuition reduction for COM-FSM courses. (See Section X.3.d of the Personnel Policy & Procedures Manual).

The health, activity and technology fees are waived for the employee but will not be waived for the employee's dependents. Regular employees and their dependents will be required to pay the registration fee.

2.0 PURPOSE

The purpose is to specify and define the rights and responsibilities of the employee and his/her dependent in regard to waiver and reduction of tuition and applicable fees

3.0 APPLICATION/ELIGIBILITY

This policy applies to all full-time regular employees of the College. (See definitions on page 3).

Employees on college approved staff development program may receive waiver beyond the six credits depending on the terms of their individual staff development agreement.

4.0 RESPONSIBILITIES

The President has the overall authority for implementing this policy. Supervisors are responsible for the day to day implementation of this policy. Supervisors are responsible for distributing the approved form. Supervisors must consider the effect on the work flow of the office when considering the request.

Employees are responsible for understanding and complying with this policy. Requesting employee and/or his/her dependents are responsible for providing the necessary forms to the offices above.

Human Resources Office is responsible for maintaining employee records and for certifying the Dependents Eligibility Forms.

The Office of Admissions and Records is responsible for checking the approved Educational Development Request form before allowing the employee to register.

Business Office is responsible for checking the approved Educational Development Request and Dependent's Eligibility Forms and charge accordingly.

5.0 PROCEDURE

Employees Taking Courses

Employees who wish to take courses during working hours must:

1. Consult with their immediate supervisor (Supervisor should consider the time the course is offered and affect of the employee's absence.)
2. Consult with the course instructor, if auditing
3. Complete Request for Educational Development Form
4. Present a copy of approved Educational Development Request Form [see Appendix P] during registration and submit a copy to HR for file.

Dependents Taking Courses

Dependents who wish to take courses must present a completed Dependents Eligibility Form [see Appendix O] and the required documents to HR for certification. The required documents are:

1. Spouse – marriage certificate or affidavit.
2. Biological child – birth certificate.
3. Adopted child – legal adoption papers.
4. Biological child of spouse – marriage certificate or affidavit for spouse and child's birth certificate. The certified form is to be presented at registration as proof of eligibility for tuition reduction.

Conditions

1. In case of a death, divorce, or termination of the employee, his/her dependent can finish the semester without additional cost to the spouse.
2. If the employee terminates his/her employment during the semester in which his/her dependent is enrolled in classes, the dependent can finish the semester without any additional cost.

6.0 DEFINITIONS

Employment Contract: A contract where an individual employee receives appointment to a position and where an employer-employee relationship exists between the College and the individual. The employee herein and the conditions of employment are governed by the Personnel Rules and Regulations.

Regular Employee: An employee with an established position by the Board and whose salary is assigned per annum rates.

Employee's Dependent: An employee dependent is defined as the employee's biological child, legally adopted child, spouse and biological child of spouse living in the employee's household.

APPENDIX O Dependents Eligibility Form

PART A: Employee's Information

NAME: _____			Position: _____
Last	First	Middle	
Date of Hire: _____		Office: _____	Campus: _____

PART B: Dependent's information

Name of dependent(s)	Relationship	Date of Birth	Campus to be enrolled at

Check all applicable boxes below. Applicable documents must be attached to this form:

- ☐ Marriage certificate or affidavit
- ☐ Birth Certificate
- ☐ Legal adoption papers

I certify that the information provided on this form is true. I understand any attempt to defraud the College will be met with appropriate disciplinary action.

EMPLOYEE'S SIGNATURE	DATE
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Part C: Human Resources Use Only

- ☐ Request meets the criteria for reduced tuition
- ☐ Request does not meet the criteria for reduced tuition

Name of HR Representative: _____	Signature: _____	Date: _____
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Comments:

Copies to a) Employee, b) Human Resources Office, c) Business Office

APPENDIX P

Educational Development Request Form

PART A: ☐ Faculty ☐ Management ☐ Professional ☐ Classified

NAME: _____ Position: _____
 Last First Middle
 Date of Hire: _____ Office: _____ Campus: _____

PART B: Course(s) requested to be taken

COURSE NO. AND TITLE	TIME OFFERED	SEMESTER	Campus

Explain briefly how the course(s) will benefit you and your job. [Attach a letter if you wish]

EMPLOYEE'S SIGNATURE

DATE

Part C: Signatures of appropriate supervisors *(If denied, write reasons in the comment section below & return form to employee)*

Approved	Denied	Immediate Supervisor's Name:	Signature:	Date
Approved	Denied	Vice President's Name:	Signature:	Date

Comments: