



Housing Authority City of Milwaukee (HACM)

HOW IT WORKS

Step 1

1. **BEFORE** your course begins, you will need to undergo a preliminary review of eligibility for reimbursement. *For full detail of eligibility, see your employee handbook or contact an HR representative.*
2. Complete the attached HACM Tuition Benefit **PRE-APPROVAL** Tuition form, obtain your supervisor's approval, attach your course description.
3. You must submit your completed **PRE-APPROVAL** Request form and supporting documentation to the HR Department for review and processing **PRIOR TO YOUR COURSE START DATE****.

****Note that PRE-APPROVAL is required, but does not guarantee, actual reimbursement**

Step 2

1. **AFTER** your course ends, submit a request for reimbursement. Complete the Tuition Assistance Program **REIMBURSEMENT REQUEST** form.
2. Provide a copy of your final grade, which must be a "C" or "Pass/Fail" higher and an itemized/detailed receipt(s), to HACM Human Resources no later eight (8) weeks from the course end date.
3. Allow four to six weeks for reimbursement processing. Approved reimbursements will be paid by check.

Job-Related Requirement

For your reimbursement request to be approved, one of the following conditions must be met:

- Your supervisor certifies that courses at an **UNDERGRADUATE** level are related to your present position or reasonable promotion objectives.
- Your supervisor certifies that courses at a **GRADUATE** level are **DIRECTLY** related to your current position.
- Courses must be taken at accredited institutions or schools.

When Your Employment Ends

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

The Housing Authority of the City of Milwaukee has the right to alter, discontinue, or vary the tuition reimbursement program at any time. 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 Request

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 may be eligible for reimbursement under the tuition reimbursement plan.

APPLICANT INFORMATION:

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

INSTITUTION:

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 <i>(without sales tax)</i>
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 (<i>Associate or Bachelor's Degree</i>)	<input type="checkbox"/> Correspondence or Online Course
<input type="checkbox"/> Graduate-Level Course (<i>Master's Degree or Ph.D.</i>)	<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:
Department Head Signature	Date:
HR Generalist Signature	Date:
HR Manager Signature	Date:
Secretary-Executive Director	Date:

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