

Employee Handbook	Authority: Approved by Council	Type: Employee
	Effective date: December 12, 2018	Revised date: December 12, 2018
	Policy No. 300-17 Education and Training	

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Town of Lampman
 Policy No. 300-17
 Education and Training
 December 12, 2018

1. Education Investment

1.1. The Town of Lampman believes that educating our employees is a wise investment. As such, educational assistance may available to employees for specific courses that relate to an employee’s position and role with the Town.

2. Eligibility

2.1. All full-time, permanent employees may request educational assistance. Granting of educational assistance is at the Administrator and Council’s discretion, is never guaranteed and is subject to the resources available.

2.2. The course(s) chosen by the employee must align with the Town’s strategic direction and goals and be consistent with the employee’s professional development plans.

3. Application

3.1. Apply for Educational Assistance using the form available. The employee must complete and sign the application before it is submitted to their supervisor, then to the Administrator for approval.

4. Eligible costs

4.1. Educational Assistance will cover only the actual course costs.

4.2. Equipment, textbooks, application fees, and other fees will not be considered as part of the assistance available.

4.3. If the employee fails to successfully complete the course, no educational assistance funding will be provided. Reimbursement of a percent or portion of the course cost will not be considered.

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5. Time off

- 5.1.** It is expected that coursework is completed away from work time and off of work premises.
- 5.2.** Exceptional circumstances allowing for coursework at work or time off may be considered depending on the course and availability.
- 5.3.** The coursework must not interfere with the regular operations of the Town.

6. Reimbursement

- 6.1.** It is the responsibility of the employee to pay all course fees when they are due.
- 6.2.** The Town of Lampman will reimburse the course fees within 30 days of the employee providing acceptable proof of the successful completion of the course. The employee should use the reimbursement form to request payment.
- 6.3.** Employees must successfully complete the course to be eligible for educational assistance.

7. Educational assistance payback and return of service

- 7.1.** When an employee receives educational assistance, a return of service from the employee is expected.
- 7.2.** The return of service rate is 24 months for every course (which runs concurrently, if multiple courses are taken at once). This term may be changed at the discretion of the Administrator, and would then change the terms of repayment. These changes would be agreed to in the Educational Assistance approval form.
- 7.3.** The return of service term begins upon completion of the course.
- 7.4.** If the employee voluntarily terminates employment with the Town of Lampman before the return of service period is completed, the employee must refund all educational assistance received from the Town.
- 7.5.** If a portion of the course cost is paid, the return of service will be determined at the discretion of management.
- 7.6.** If the employee is terminated without cause or laid off before the return of service time period has expired, the employee is not expected to pay back the educational assistance. If the employee is terminated with cause, the employee will repay the educational assistance amount immediately.

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Document Revision History:

Document Title	Revision Date	Approved By
Policy No 300-17 Education and Training	December 12, 2018	Council

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Town of Lampman Educational Assistance Application Form

Please review the Educational Assistance policy before completing this form.

NAME:

POSITION:

IMMEDIATE SUPERVISOR:

PROGRAM OBJECTIVE:

_____ Career Development _____ Job Related _____ Other (please describe)

Program or Course:

Location / Institution of course:

Course Information

If this request is for a series of courses, please indicate the details for each course (attached separately, if necessary)

Expected course start date:

Expected date of completion:

Course fees \$ _____

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What are your expected learning outcomes? How will this course/program enhance your ability to fulfill your professional responsibilities and professional development goals?

How will taking this course/program contribute to the Town of Lampman’s strategic goals?

Please attach any additional relevant information to this request (course outlines, calendars, etc).

Supervisor’s signature: _____ Date: _____

Employee’s signature: _____ Date: _____

Once signed by the employee and Supervisor, please forward the complete application form, along with all supporting material, to the Administrator for review.

Town of Lampman Educational Assistance Agreement

In accordance with our Educational Assistance Policy (attached), you have been approved for educational assistance related to the course(s) below:

Course / Certificate:

Learning Institution: _____

City: _____

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Dates of Attendance: _____ to _____

Total Tuition Amount: \$ _____

(Educational Assistance will cover only the actual course costs. Equipment, textbooks, application fees and other fees will not be considered as part of the assistance available).

In consideration of payment of these expenses, you agree to the following:

It is your responsibility to pay all course fees when they are due. The Town of Lampman will reimburse the course fees within 30 days of you providing acceptable proof of the successful completion of the course. You must successfully complete the course to be eligible for Educational Assistance.

If you voluntarily terminate employment with the Town of Lampman after completion of the course and prior to completing twenty-four (24) consecutive months of active employment, you will refund the entire amount of the educational expenses provided to you.

This Educational Expense Agreement creates no contract of employment between you and the Town of Lampman. You may terminate your employment any time with or without cause, and the Town of Lampman may terminate your employment at any time with or without cause.

Employee name: _____

Signature of Employee: _____

Date: _____

Town of Lampman

Approved : _____

(Signature of Administrator)

Date: _____