

Community College System of New Hampshire

Section: 300 – Human Resources

Subject: Professional Development & Training

Policy: Tuition Benefit Plan

Date Approved: August 27, 2008

Policy #: CCS 373.1.01

Date of Last Amendment: August 25, 2008

Effective Date: September 1, 2008

Approved: Richard A. Gustafson, Chancellor

I. Authority.

- A. In accordance with RSA 188-F:15, II, the Board of Trustees has the authority to allow full-time employees who have one year of previous service at the Community College System, free tuition, and to the dependents of such employees a 50 percent discount of tuition, at the Community College System of New Hampshire colleges.
- B. The CCSNH Director of Human Resources is responsible for the administration of the tuition benefit plan and for determining the eligibility for tuition benefits for system office employees and their dependents.
- C. The College President or his/her designee is responsible for determining the eligibility for tuition benefits for his/her college employees and their dependents.

II. Employee Tuition Benefits.

- A. For the purpose of the tuition benefit, an eligible employee is defined as a full-time CCSNH employee, who has completed one year of service/work and has satisfactory job performance in his/ her current position. Participation in the tuition benefit plan should not in any way interfere with the employee's ability to perform his or her job.
- B. For eligible full-time employees, the tuition benefit covers enrollment in any credit or non-credit course, including workshops and seminars, offered by CCSNH colleges, where the tuition is paid to a CCSNH entity. The tuition benefit includes a 100% tuition discount and the waiver of any mandatory fees generally required of other students.

III. Dependent Tuition Benefits.

- A. The dependents of an eligible full-time employee may enroll in any of the regular credit courses offered by a Community College System of New Hampshire college at one-half (50%) of the current in-state tuition rate. This benefit is not cumulative; that is, if both parents are employed by the CCSNH, one-half (50%) of the current in-state tuition for their dependent child or children must be paid.

B. For the purpose of the tuition benefit, an eligible dependent is defined as:

1. Spouse. A spouse is any person who is legally defined as a spouse or civil union partner by the State of New Hampshire. Documentation that verifies marriage or civil union may be required.
2. Children. For the purpose of this benefit, children are considered dependent if, on the first day of classes for the semester, they have not reached the age of twenty-three (23); are unmarried; and are listed on the most recent income tax return of the employee, the employee's spouse, or the employee's civil union partner; or are dependent on the employee for more than half of their financial support for the calendar year. Documentation that verifies IRS dependent status may be required.

C. Paid Tuition Benefits for Children of Deceased Employees. Children of deceased employees who, at the time of death, were employed by the CCSNH on a full-time basis and had completed at least one year of full-time service/work, are entitled to the same tuition benefits as indicated above.

IV. Conditions.

A. The tuition plan does not apply to courses offered by other educational institutions on the campuses of the Community College System of New Hampshire.

V. Procedures. To be considered for the tuition benefit, an employee must complete a Tuition Benefit Authorization Form and forward the completed form to the CCSNH Director of Human Resources or the College President of the employing institution for employment verification. For final processing, the employee is responsible for directing the authorized form and course registration form to the CCSNH college offering the course(s).

VI. Termination. An employee who terminates employment with the CCSNH during a semester in which the tuition benefit is being used shall be responsible for a pro-rated portion of the benefit provided to the employee, spouse, and/or dependent children.

VII. Taxability. The CCSNH will comply with all state and federal laws regarding the taxation of tuition benefits.

**COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE
TUITION BENEFIT AUTHORIZATION FORM**

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ HOME INSTITUTION: _____ VERIFICATION OF EMPLOYMENT: _____	POSITION TITLE: _____ DATE OF FULL-TIME HIRE: _____ DATE: _____ Signature of CCSNH Human Resources or College President
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DEPENDENT INFORMATION (if applicable)

DEPENDENT NAME: _____ DEPENDENT DATE OF BIRTH _____ Is the child unmarried? _____ Was the child listed as an exemption on the Employee's or Spouse's/Civil Union Partner's most recent income tax return? _____ Does the child rely on the employee for more than half of their financial support during the calendar year? _____ I certify that the above information is true and correct. _____ Employee Signature	RELATIONSHIP TO EMPLOYEE: _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Child <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Date
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COURSE INFORMATION

CCSNH COLLEGE AT WHICH COURSE(S) WILL BE TAKEN _____		
COURSE DEPT/#	PROGRAM/COURSE(S) DESIRED: COURSE TITLE	SEMESTER (Beginning Month/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
APPROVAL BY PRESIDENT OR DESIGNEE OF CCSNH COLLEGE OFFERING THE COURSE(S):		
SIGNATURE _____		DATE _____

CERTIFICATION

I understand that by registering for course(s) at a CCSNH College, I am financially obligated for tuition or any associated fees, if applicable. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to a collection agency. I also understand that I will be responsible for the costs of collection on my account, including any collection agency, legal, and/or returned check fees under RSA 6:11, which may add significant costs to my account balance.			
_____	Date	_____	Date
Dependent Signature (if applicable)		Employee Signature	

A registration form must accompany this request. This approval must be presented to the cashier of the Business Office with proper form of identification when registering for course(s).