



EL PASO COMMUNITY COLLEGE PROCEDURE

For information, contact Institutional
Effectiveness: (915) 831-6740

DK-3 Specialized Training

APPROVED: May 8, 2001 **REVISED:**
Year of last review: 2021
AUTHORIZING BOARD POLICY: DK

Classification: Administrative

Vice President or Associate Vice President: Vice President of Financial and Administrative Operations

Designated Contact: Executive Director of Human Resources

OBJECTIVE: For specialized job-related training not currently covered by College procedures including (1) staff scholarship, (2) tuition reimbursement, (3) professional development leave, (4) in-town travel, or (5) out-of-town travel.

PROCEDURE:

I. Eligibility

Full-time employees who have been continuously employed in a full-time status (as defined by Board of Trustees Policy) for at least three (3) consecutive years.

II. Eligible Training

Requested training must be directly related and necessary to the individual's job. Training must be from an accredited college/university in the United States or professional organization or business entity with an established and professionally recognized certification process.

III. Eligible Expenses

Direct expenses incurred for obtaining the specialized training to include tuition fees, travel, books, Proficiency Examination fees, lab fees, a student activity fee, professional practice, building use fee, etc. Expenses for self-study courses, credit, or non-credit course leading to eligibility of a professionally recognized certification examination; cost of the examination as it relates to your discipline. Depending on the cost of the training a determination will be made on whether the cost will be reimbursable or funded in advance by the College.

IV. Ineligible Expenses

Expenses incurred for, parking, non-mandatory fees such as an admission fee, a late registration fee, and/drop fees, student ID card, property deposits, etc. Expenses reimbursable under another assistance program are ineligible. Cost required to maintain certifications or licenses.

V. Conditions

- A. Timelines - The employee must submit the Specialized Training Application Form to his/her supervisor at least two months prior to the start date of the training. If applicable, the employee must sign the Specialized Training Agreement. This becomes an addendum to the employment contract until such time as all requirements are completed. The Specialized Training Agreement must be signed prior to the training.
- B. Reimbursement - After completion of the training, the employee must submit proof of passing a certification exam to be eligible for reimbursement (if applicable).
- C. Evaluation - The Post -Training Evaluation Form must be completed and submitted to his/her supervisor within 10 days of the completion of the training.

EL PASO COMMUNITY COLLEGE
SPECIALIZED TRAINING AGREEMENT

1. I, _____, agree to serve the El Paso Community College District for at least one academic year or calendar year following completion of my specialized training for _____. I understand that if I do not return to the service of the College, the entire compensation of the training provided must be returned to the College except in the case of permanent disability or death.

Employee _____ Date _____

If appropriate:

2. I agree to also provide at least _____ hours of faculty development/continuing education with no additional compensation.

3. Other special requirements:

Supervisor _____

Date _____

Vice President _____

Date _____

El Paso County Community College

SPECIALIZED TRAINING

APPLICATION FORM

ACADEMIC YEAR: _____ DATE OF APPLICATION: _____

NAME: _____ DEPARTMENT: _____

LOCATION: _____ EPCC PHONE: _____

HOME PHONE: _____

SUPERVISOR: _____ YEARS OF F/T EMPLOYMENT: _____

CURRENT FULL-TIME EMPLOYMENT CATEGORY:

ADMINISTRATIVE: _____ FACULTY: _____ NON-FACULTY: _____

TITLE OF ACTIVITY: _____

DATES OF ACTIVITY: _____ AMOUNT OF FUNDS REQUESTED: \$ _____

IS THIS YOUR FIRST APPLICATION FOR FUNDS? YES _____ NO _____

IF "NO", PLEASE LIST THE YEARS OF PREVIOUS FUNDING: _____

PLEASE NOTE: NO REQUESTS WILL BE CONSIDERED UNLESS THIS FORM IS FILLED IN COMPLETELY AND ALL REQUIRED DOCUMENTATION IS ATTACHED PROPOSAL.

1. PLEASE DESCRIBE YOUR PROPOSAL.

2. PLEASE GIVE DATES AND LOCATION. ALL OUT OF COUNTY TRAVEL MUST BE DOCUMENTED AND AN ITINERARY INCLUDED. A COPY OF SEMINARS/SYMPOSIUM REGISTRATIONS MUST ALSO BE INCLUDED. IF YOU ARE REQUESTING ANY PRE-PAYS FOR REGISTRATIONS, THE ORIGINAL AND COMPLETED REGISTRATION FORM MUST BE SUBMITTED.

3. WHAT PROFESSIONAL ENHANCEMENT TOOLS, AND GOALS YOU DO YOU HOPE TO COMPLETE? HOW WILL THIS EXPERIENCE ENHANCE YOUR WORK WITH EPCC?

THE PROFESSIONAL LEAVE (If Applicable) AND TRAVEL REQUEST DETAILING ESTIMATED EXPENSES IS ATTACHED AS WELL AS OTHER FORMS REQUIRED. IF OTHER LOCATION FUNDING HAS BEEN APPLIED FOR, PLEASE NOTE THAT ALL ORIGINAL PAPERWORK MUST BE SUPPLIED.

THE INFORMATION SUBMITTED IN SUPPORT OF THE APPLICATION IS TRUE AND CORRECT, AND THE APPLICANT FULLY UNDERSTANDS THAT THE FACT OF APPLICATION DOES NOT ASSURE AUTOMATIC ACCEPTANCE OF THE REQUEST.

SIGNATURE OF APPLICANT

DATE

COMPLETED APPLICATIONS MUST BE SUBMITTED TO YOUR SUPERVISOR.

REVIEW AND RECOMMENDATION

SIGNATURE OF SUPERVISOR

DATE

Approved: _____

Not Approved: _____

COMMENTS: _____

SIGNATURE OF VICE-PRESIDENT

DATE

Approved: _____

Not Approved: _____

COMMENTS: _____

EL PASO COMMUNITY COLLEGE
SPECIALIZED TRAINING
POST-TRAINING EVALUATION FORM

IN ORDER TO SATISFY AUDITING REQUIREMENTS, PLEASE COMPLETE THIS FORM AND RETURN WITHIN 10 DAYS OF YOUR RETURN/COMPLETION OF ACTIVITY ALONG WITH THE ORIGINAL PROFESSIONAL LEAVE (If Applicable) & TRAVEL REQUEST AND RECEIPTS FROM YOUR TRAINING.

How did this experience benefit your career at EPCC?

What was the most important thing that you learned from this experience?

Did you enjoy this experience and would you recommend it to fellow employees?

Employee Name: _____ Date: _____

Title of Activity: _____ Date of Activity: _____

SEND THIS COMPLETED FORM TO YOUR SUPERVISOR