



DEPARTMENT OF THE NAVY
COMMANDER NAVY REGION SOUTHWEST
937 NO. HARBOR DR.
SAN DIEGO, CA 92132-0058

IN REPLY REFER TO:

COMNAVREGSWINST 12410.1B
NOOCP34
01 NOV 2000

COMNAVREGSW INSTRUCTION 12410.1B

Subj: TUITION REIMBURSEMENT PROGRAM

Ref: (a) 5 CFR 410
(b) CPI 410
(c) 5 U.S.C. 4107 (b)

Encl: (1) Application for Tuition Reimbursement, CNRSW Form 12410/2
(2) Claim for Reimbursement for Expenditure on Official Business, SF-1164
(3) DCPDS Data Entry Form (HRSC, SW-30-2-2/12/99)

1. Purpose. To publish policy, guidance and procedures for reimbursement of costs for civilian employees enrolled in mission-related college courses.

2. Cancellation. COMNAVBASESANDIEGOINST 12410.1A.

3. Discussion. The policy of CNRSW is to encourage employees to participate in self-development activities that will in turn increase their effectiveness to the Region. Depending on the availability of funds, tuition for courses that are mission-related will be considered for reimbursement. References (a) and (b) prohibit tuition reimbursement solely for the purpose of an employee acquiring a degree, but if an employee receives a degree from taking such courses, this may be considered an incidental by-product of the education.

The manager may provide reimbursement for the costs of any training, not otherwise allowable, to assist in the recruitment or retention of employees in occupations in which the Government has or anticipates a shortage of qualified personnel, especially in occupations involving critical skills as stated in reference (c).

4. Eligibility. The following requirements are necessary to be eligible for reimbursement:

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- a. Applicant must be a career or career-conditional employee of Commander, Navy Region Southwest (CNRSW).
- b. Course(s) must be mission-related and from an accredited institution of higher learning.
- c. Course(s) must be approved in advance of start date. Failure to obtain prior approval will result in the denial of payment.
- d. Course(s) must be completed with official evidence of a grade of "C" or better, or "Credit" or "Satisfactory" (when letter grades are not available in a program's grading system).
- e. Course(s) must be taken for academic credit where credit is available.
- f. Employees receiving benefits from other sources (GI Bill, Cal-Vet, Korean War Orphans, etc.) are not eligible for additional reimbursement through Navy funding.
- g. Employees are encouraged to enroll in the most reasonably priced course(s) available for a given subject.
- h. No reimbursement will be allowed for courses conducted by any non-government facility that discriminates because of race, religion, color, sex, national origin, age or disability in the administration or subsequent treatment of students.
- i. A maximum amount paid for reimbursement of tuition per student per fiscal year and for the purchase or rental cost of required textbooks will be determined at the discretion of the Program Manager. Related fees such as supplies, parking, student unions, health fees and deferred billing charges are not reimbursable.
- j. Each Program Manager will be responsible for managing funds available for tuition reimbursement and ensuring employees have an equal opportunity to participate in the Tuition Reimbursement Program.

5. Procedures

- a. To receive reimbursement, the employee must complete the Tuition Reimbursement Application form, enclosure (1) and obtain the supervisor's approval and signature. The supervisor supplies a written justification that the course is mission-

related and within the scope of the employee's official position.

b. The completed Tuition Reimbursement Application is submitted to the Program Manager for approval and signature. The Program Manager determines the amount authorized for reimbursement from the program budget and approves. The Program Manager sends the signed Tuition Reimbursement Application to the Training Coordinator.

c. The Training Coordinator will certify that the training meets Navy regulatory requirements and assures the appropriate signatures are on application form.

d. The Training Coordinator will notify the employee and the supervisor that the training is approved and the amount authorized for reimbursement.

e. Upon completion of course(s), the employee must submit the following:

(1) A SF-1164, Claim for Reimbursement for Expenditure on Official Business (enclosure 2). The SF-1164 must have original signatures.

(2) An official grade transcript from the school.

(3) Original receipts.

f. The Fast Data Site Operator provides a job order number and line of accounting to the SF-1164 and commits funds into Fast Data. The Fast Data Site Operator provides a copy of the SF-1164, student's official grades, receipts and approved application form to Document Imaging, Code N823. The Fast Data Site Operator retains a copy of the SF-1164 and returns original to the Training Coordinator.

g. The Training Coordinator will forward the approved SF-1164, grades and receipts, to Personnel Support Detachment (PSD). PSD processes payment through Electronic Funds Transfer.

h. The Training Coordinator sends the completed DCPDS Data Entry Form, enclosure (3), and copy of grade report to Human Resources Service Center at the following address for entry into the employee's official training record.

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DIRECTOR
HUMAN RESOURCES SERVICE CENTER, SOUTHWEST
(ATTN: CODE 32)
525 B STREET SUITE 600
SAN DIEGO CA 92101-4418

FAX: (619) 615-5566/5567 (DSN: 245-5566/5567)

6. Forms

a. Application for Tuition Reimbursement (CNRSW Form 12410/2).

b. Claim for Reimbursement for Expenditure on Official Business (SF-1164).

c. DCPDS Data Entry Form (HRSC, SW-30-3-3/12/99)

The above forms are available at the CNRSW Human Resources Office, Code N00CP34, 937 North Harbor Drive, Building 1, 6th Floor, San Diego, CA 92132-0058 or on the CNRSW HRO web page at www.cnrsw.navy.mil.



D. C. KENDALL
Deputy and Chief of Staff

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NAVY REGION, SOUTHWEST APPLICATION FOR TUITION REIMBURSEMENT					
1. NAME:		2. SSN:		3. DATE OF APPLICATION:	
4. POSITION TITLE:		5. SERIES/GRADE:	6. DEPT/CODE:	7. PHONE NUMBER:	
8. COURSE TITLE:		9. COURSE NUMBER:	10. COST (TUITION):	11. COST (BOOKS):	
12. SCHOOL NAME:		13. START DATE:	14. END DATE:	15. UNITS:	
16. SCHOOL ADDRESS:	17. SCHOOL CITY/STATE/ZIPCODE:		18. SCHOOL PHONE NUMBER:	19. SCHOOL FAX NUMBER:	
20. STATEMENT OF COURSE CONTENT (OR PROVIDE COPY OF COURSE DESCRIPTION FROM COURSE CATALOG):					
APPLICANT'S DISCLOSURE STATEMENT					
21. (a) I am _____/am not _____ (please check one) receiving additional supplemental educational assistance in the amount of \$ _____ (for example: scholarship(s), GI Bill, Korean War Orphans, etc.) (b) I have _____/_____ have not previously received tuition assistance from this program in the amount of \$ _____ Date _____.					
22. APPLICANT'S SIGNATURE:				23. DATE:	
TO BE COMPLETED BY APPLICANT'S IMMEDIATE SUPERVISOR					
24. How does training relate to applicant's current official position/duties:					
25. JOB ORDER NUMBER/LINE OF ACCOUNTING:			26. STANDARD DOCUMENT NUMBER:		
27. IMMEDIATE SUPERVISOR'S SIGNATURE/TITLE:		APPROVED	NOT APPROVED*	DATE:	
28. PROGRAM MANAGER:		AMOUNT APPROVED	NOT APPROVED*	DATE:	

**TUITION REIMBURSEMENT PROGRAM
COMMANDER, NAVY REGION, SOUTHWEST**

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: Information is obtained to identify personnel requesting assistance in reimbursement of tuition expenses.

ROUTINE USE: Information provided in the form, when compared with information known to or normally in the possession of an individual, is used in determining whether or not an individual is who he purports to be. The information may be disclosed to all those charged at the activity with making the foregoing determination.

DISCLOSURE: (Mandatory or voluntary consequences, etc.): Completion of NRSW Form 12410/2, including the disclosure of your Social Security Number is voluntary. Failure on your part, however, to answer all questions, or any misrepresentation (by omission or concealment, or by misleading, false, or partial answers), may serve as a basis for denial of reimbursement of tuition.

**DCPDS DATA ENTRY FORM
(HRSC, SW-30-3-3/12/99)**

Last and First Name: _____

Activity: _____ Phone: _____

SSN: _____

Course Title: _____
(Do not abbreviate or use acronyms)

Type of Training: () EEO () Safety () ADP () Other: _____

Course Start Date: _____

Course End Date: _____

Total Course Hours: _____

Training Vendor Name: _____
(Include address if you know)

Training Costs: _____
Tuition Cost Books/Material Cost Travel Per Diem

FOR HRSC,SW CODE 32 ONLY:

SAID CODE: _____

VENDOR CODE: _____

**Fax completed form along with a copy of successful completion of the training to
(619) 615-5566 or 5567.**