



**NEW MEXICO JUDICIAL BRANCH
GENERAL PERSONNEL POLICY AND PROCEDURE:
TUITION REIMBURSEMENT POLICY**

Policy No. 2022.NMJB.202

**ADMINISTRATIVE OFFICE OF THE COURTS (AOC)
TUITION REIMBURSEMENT REQUEST FORM**

AOC AND EMPLOYEE INFORMATION

- **Requests for tuition reimbursement will be reviewed one semester at a time and should be submitted 30 days in advance of the first date of the class and prior to enrollment.**
- Upon successful completion of the class, the employee may submit their proof of successful completion for reimbursement provided the Eligible Employee is still employed by the judicial entity for which the tuition reimbursement was approved. Successful completion of undergraduate coursework is a “C” or better, and for graduate coursework, a “B” or better, or if applicable a “pass” in a pass/fail class and provide transcripts of the completed course to the Administrative Authority or their designee.
- Employees may request reimbursement for up to 100% of the tuition costs **that have not been paid by any other source, i.e., scholarships, grants, veteran’s benefits, social security, etc.,** but in no event will Eligible Employees be reimbursed more than \$5,250 per calendar year.
 - The AOC will be limiting the reimbursement amount to no more than \$2,600 per fiscal year, per employee, and up to two classes per semester to ensure adherence to 26 U.S.C § 127.
 - Furthermore, there will be a limit of \$20,000 total per fiscal year for Tuition Reimbursement for all AOC employees.
- Employees will not be reimbursed for other associated fees, such as student activity fees, registration fees, lab fees, parking fees, etc., textbooks, or other additional expenses.
- A maximum two classes per semester may be reimbursed.
- Eligible classes are classes taken for credit.
- The Administrative Authority may limit the total amount of tuition reimbursement received by the employees of their judicial entity on an equitable basis within the provisions of this policy.
- When the number of requests for tuition reimbursement is greater than available funds, partial assistance may be considered to allow greater employee participation.
- *Full-time classified or career status employees* who have completed their one-year probationary period and *at-will employees* (excluding Temporary Employees) who have completed one-year of service are eligible for reimbursement of Eligible Expenses.
- *Part-time classified or career status employees and Par-time At-Will Employees (excluding Temporary Employees)* who have completed one (1) year of service are eligible for reimbursement of Eligible Expenses.
- *Temporary and probationary employees* are not eligible for reimbursement of Eligible Expenses.

Employee:

Employee ID:

Job Classification:

Position #:

Judicial Entity/Division/Section:
AOC,

Division Director & Immediate Supervisor:

COURSE INFORMATION

Please identify which program you are requesting reimbursement for:

☐ Undergraduate course(s)

☐ Graduate course(s) Degree or course of study: _____				
Explanation as to how the above request is job related to your current position:				
School:	Name Of Course:	Start Date:	End Date:	Tuition Costs:
School:	Name Of Course:	Start Date:	End Date:	Tuition Costs:
Note: The employee and approving manager are responsible for tracking and keeping within the IRS reimbursement limit of \$5,250 per calendar year and the AOC reimbursement limit of \$2,600 per fiscal year.				

Requested By: (Print & Sign)	Date:
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TO BE COMPLETED BY MANAGEMENT

RECEIVED BY: (Please print)	DATE RECEIVED:
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RECOMMENDATION: Approve as submitted: ☐ YES ☐ NO Approve as revised: ☐ YES ☐ NO	
RECOMMENDED REVISIONS:	
Supervisor Approval/Date: (Print & Sign)	Management/Director Approval/Date: (Print & Sign)

TO BE COMPLETED BY LOCAL FISCAL DEPARTMENT

RECEIVED BY: (Please print)	DATE RECEIVED:
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RECOMMENDATION: Approve as submitted: ☐ YES ☐ NO Approve as revised: ☐ YES ☐ NO	
RECOMMENDED REVISIONS:	
CFO/DEPUTY CFO SIGNATURE:	

ADMINISTRATIVE AUTHORITY APPROVAL
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RECOMMENDATION: Approve as submitted: ☐ YES ☐ NO Approve as revised: ☐ YES ☐ NO	
RECOMMENDED REVISIONS:	
_____ Administrative Authority Signature	_____ Date

TO BE COMPLETED BY LOCAL HR

RECEIVED BY:

(Please print)

DATE RECEIVED:

RECOMMENDATION:

Approve as submitted: ☐ YES ☐ NO

Approve as revised: ☐ YES ☐ NO

RECOMMENDED REVISIONS:

HUMAN RESOURCES REPRESENTATIVE SIGNATURE: