

The Educational Assistance Program Application must be submitted to the Human Resources Benefits Services Office after the course is completed.

Applications and specified documents for reimbursement for college courses, non-college courses and seminars must be received in the Human Resources Benefits Services Office within 90 business days after the completion of the course(s), seminar(s) or conference(s).

Applications submitted without the required documents will not be processed (refer to the Employee Checklist on page 4).

Eligibility Criteria:

Prior to the start of any course, academic credit by exam, seminar or conference and the submission of an application for educational assistance, staff members **must meet all of the following requirements:**

1. Must have completed at least one year of continuous regular service in a position working twenty (20) or more hours a week;
2. Must be in an active pay status (i.e. eligible to receive a paycheck);
3. Current performance evaluation must be proficient or better. POLICY#30-01-40-50:00

PRINT Last Name _____

PRINT First Name _____

Employee ID or SS# _____

TERM and Year _____

PLEASE READ CAREFULLY ----- PRINT ALL REQUESTED INFORMATION

Submit **ONE** application for each term. Keep copies of all submitted documents.

First time applicant ☐

Subsequent applicant ☐

Home Address	Apartment #	Home Phone:
City	State	Zip Code
Job Title:	Office Ext:	
Employee's E-mail Address:	Department:	Hire Date:
Supervisor's Name:	Supervisor's E-mail:	Office Ext:

PRINT Last Name _____

PRINT First Name _____

Employee ID or SS# _____

TERM and Year _____

PLEASE READ CAREFULLY -----PRINT ALL REQUESTED INFORMATION

Submit ONE application for each term. Keep copies of all submitted documents.

Educational Level. Please Check One:

- ☐ Graduate
- ☐ Technical
- ☐ Undergraduate
- ☐ Vocational/Other
- ☐ Seminar/Conference

EDUCATIONAL INSTITUTION IN WHICH COURSE/SEMINAR IS GIVEN: _____

INSTITUTION'S WEBSITE: _____

CURRENT COURSE OF STUDY: _____

ARE YOU RECEIVING OR APPLYING FOR EDUCATIONAL ASSISTANCE OR FINANCIAL AID FROM ANY OTHER SOURCE?

☐

NO

☐

YES (IF YES, STATE AMOUNT AND SOURCE)

AMOUNT _____

SOURCE _____

Staff members who are receiving educational assistance from a student loan (e.g. federal, state, etc.) will be considered for reimbursement.

The Educational Assistance annual limit will be reduced by any other source of financial assistance except a student loan. Policy #30-01-40-50:00

LIST SEMINAR(S)/CONFERENCE(S)/COURSE(S) THIS TERM	START DATE	END DATE	# OF CREDIT(S)	COST PER CREDIT(S)	TOTAL COST
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

SUPERVISOR'S AUTHORIZATION:

I, (Name of Supervisor Print) _____ (Title/Supervisor) _____
(Department Print) _____, do hereby state that it appears that the
course hour(s) for the course(s) listed on the front of this application does (do) not interfere with the normal work schedule of
(Name of Student) _____

ALSO, I have checked and **verify that all of the items 1 through 3 listed below, regarding** the above employee, are correct.

This employee:

1. Is a regular staff member who works 20 or more hours a week;
2. Has completed one year of continuous service;
3. Has a current performance evaluation of proficient or better.

Supervisor's Signature _____ Date _____

EMPLOYEE'S EDUCATIONAL ASSISTANCE REIMBURSEMENT AGREEMENT:

I, _____, DO HEREBY AGREE TO REIMBURSE UNIVERSITY HOSPITAL FOR THE FULL AMOUNT OF TUITION REIMBURSEMENT RECEIVED SHOULD I VOLUNTARILY LEAVE THE EMPLOYMENT OF UNIVERSITY HOSPITAL WITHIN SIX (6) MONTHS OF COMPLETING THE COURSES FOR WHICH THE TUITION WAS RECEIVED. FURTHER, I HEREBY AUTHORIZE SUCH AMOUNT TO BE DEDUCTED FROM MY FINAL PAYCHECK BEFORE IT IS RELEASED TO ME.

Employee's Signature _____ Date _____

EMPLOYEE'S VERIFICATION AND RELEASE:

I VERIFY THAT THIS FORM HAS BEEN COMPLETED IN ITS ENTIRETY AND THAT THERE ARE NO SECTIONS OMITTED OR LEFT BLANK. I UNDERSTAND THAT IF A SECTION IS NOT COMPLETED, THE ENTIRE FORM WILL BE RETURNED TO ME AND WILL NOT BE PROCESSED UNTIL IT IS COMPLETED IN FULL. I HEREBY RELEASE FROM LIABILITY ALL PERSONS, CORPORATIONS, OR OTHER ORGANIZATIONS FURNISHING INFORMATION. I AM AWARE THAT MY REIMBURSEMENT OF ANY TUITION IS CONDITIONAL DEPENDING ON THE RESULTS OF VERIFICATION OF ALL DOCUMENTS SUBMITTED. IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IN THIS APPLICATION OR SUBMITTED DOCUMENTS WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR TERMINATION OF EMPLOYMENT. I HAVE READ AND I UNDERSTAND THIS RELEASE. I HEREBY GIVE UNIVERSITY HOSPITAL PERMISSION TO CONTACT THE SEMINAR CENTER, SCHOOL OR UNIVERSITY TO VERIFY AND INVESTIGATE THIS APPLICATION AND/OR RECORDS HAVING TO DO WITH THIS SUBMISSION AND TO SECURE ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED.

Employee's Signature _____ Date _____

HUMAN RESOURCES

Current Tuition Request \$ _____ Calendar Year Tuition Paid \$ _____

Non-Taxable Tuition Code _____ Taxable Tuition Code _____

Undergraduate and graduate tuition benefits are non-taxable up to the prevailing statutory limits. Any tuition reimbursement amount paid above this amount in a calendar year will be processed as a taxable benefit.

Tuition Denial Reason _____

Benefits Staff Approval Signature _____ Processing Date _____



FOR EMPLOYEE INFORMATION – PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

EMPLOYEE’S COMPLETION CHECKLIST: (all documents listed below must be submitted with the application)

- ☐ Application for Educational Assistance Program (pages 1 & 2). Please complete all blanks
- ☐ Supervisor's Authorization (page 3)
- ☐ Employee's Educational Assistance Reimbursement Agreement (page 3)
- ☐ Employee's Verification and Release (page 3)
- ☐ Official documentation for college courses with beginning and end dates of term/courses **OR**
- ☐ Official program brochure for any non-college courses
- ☐ Documentation that the applicant has received a "C" or better or has passed a PASS/FAIL course (e.g. transcript or school grade report) **OR**
- ☐ Documented academic credit by exam **OR**
- ☐ Certificate of satisfactory completion is required for special interest non-college courses or continuing education units (C.E.U.) **OR**
- ☐ Certificate of attendance for seminar or conference
- ☐ An itemized bill
- ☐ Proof of payment showing a zero balance, i.e. copies of [bursar's receipt or front and back of cancelled checks, financial aid documents, etc.]

Employee will receive an emailed copy of page 3 upon final review of application.
