

## CAPITAL HEALTH EDUCATIONAL ASSISTANCE REQUEST FORM

*(Form must be fully completed with required signatures before it will be processed for reimbursement.)*

<b>NAME:</b>	<b>DATE OF HIRE:</b>
<b>DEPARTMENT:</b>	<b>CURRENT STATUS:</b> <input type="checkbox"/> FT <input type="checkbox"/> PT
<b>POSITION:</b>	Must be in a benefit-eligible position for 6 months prior to course start date.
<b>CAMPUS:</b> <input type="checkbox"/> FULD <input type="checkbox"/> MERCER <input type="checkbox"/> OTHER	

*Please submit your request form prior to the course start date so that eligibility can be determined in advance.*

**Degree currently held?**

- Associates Degree
- Bachelors Degree
- Masters Degree

**Degree you are currently pursuing:**

- Associates       Other (Specify) \_\_\_\_\_
- Bachelors
- Masters

**Major or Educational Objective:** \_\_\_\_\_

**SCHOOL YOU ARE ATTENDING:** \_\_\_\_\_

**COURSE START DATE:** \_\_\_\_\_ **EST. COURSE END DATE:** \_\_\_\_\_

(Please note processing will be delayed without the above dates.)

Course Title	# Credits	Cost Per Credit	HR USE ONLY Total Cost	HR USE ONLY Total Reimb.

### FOR HUMAN RESOURCES USE ONLY

**DATE HR RECEIVED:** \_\_\_\_\_ **TOTAL AMOUNT REIMBURSED: \$** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>EE #</b>	<b>SS#</b>	<b>Plan Year Limit Reached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		Rev.1/1/11

**Remarks:**

**CAPITAL HEALTH  
EDUCATIONAL ASSISTANCE REQUEST FORM**

This Educational Assistance Request is submitted in recognition of the following conditions:

1. Educational Assistance will be provided to an employee whose coursework begins after the completion of six (6) months of continuous active service in a benefit eligible status. In addition, the employee must be currently in a budgeted position of at least 40 hours per pay period.
2. Educational Assistance shall apply to tuition charges for college credited courses for undergraduate and graduate level course work, up to masters level at accredited institutions, or accredited and licensed technical school programs. Degrees above a masters level may be considered at the discretion of the VP of Human Resources, Executive Vice-President and the Vice-President in charge of the employees department. Student registration, exam, books and other expenses and fees are not covered under this program.
3. Course work must be related to the employee's present job, advance the employee's potential for advancement in their department, or related to another hospital position. Above the masters level, additional criteria apply.
4. Reimbursement will be made upon satisfactory proof of grade and tuition payment. Proof of payment must indicate cost per credit (if applicable), exclusive of all other fees. Employees' must receive a minimum grade equivalent of "C" to be eligible for a refund. Requests for reimbursement may be made up to six-months from date of course completion.
5. The schedule of reimbursement is as follows:  
  

**Less than 10 years of service as of last day of course:**  
**Full-time Employees:** 75% of cost up to \$5,000 annually  
**Part-time Employees:** 50% of cost up to \$2,500 annually

**Greater than 10 years of service as of last day of course:**  
**Full-time Employees:** 100% of cost up to \$5,000 annually  
**Part-time Employees:** 100% cost up to \$2,500 annually
6. This agreement will be canceled in full following completion of 6 months of employment from the date of course completion. If within 6 months of course completion an employee terminates or has a reduction in budgeted hours to less than 20 hours per week, the employee shall be required to repay Capital Health 100% of the amount reimbursed.
7. Any course or program that is awarded by grant or subsidized in whole or part by any government or private agency, including Capital Health's School of Nursing, will not be eligible for reimbursement under this program.
8. Reimbursement under this program shall be subject to current IRS regulation under Code Section 127. This means that Capital Health **may** be required to include a portion of your tuition reimbursement as income, for tax purposes, if your total reimbursement exceeds \$5,250.00 in a tax year.
9. The employee acknowledges that this educational reimbursement is a loan from Capital Health, which he/she is obligated to repay unless the above conditions are satisfied. Also, he/she authorizes Capital Health to deduct any amount owed from all future wages paid, including Paid Time Off (PTO) to the extent permitted by law.
10. Nothing contained herein will change an employee's status as an employee-at-will, which means that the employee or Capital Health may terminate employment at any time, with or without cause. This Educational Assistance Agreement does not constitute a contract of continued employment.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

As Department Manager, I believe that the course(s) taken by the above employee qualify under #3 above.

\_\_\_\_\_  
**Department Manager**

\_\_\_\_\_  
**Date**

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