



## CAPITAL HEALTH EDUCATIONAL ASSISTANCE REQUEST FORM

<b>NAME:</b>		<b>DATE OF HIRE:</b>	
<b>DEPARTMENT:</b>	<b>EMPLOYEE ID:</b>	<b>CURRENT EMPLOYMENT STATUS:</b>  <input type="checkbox"/> FT <input type="checkbox"/> PT	
<b>POSITION:</b>			
<b>WORKSITE LOCATION:</b>			
<b>PHONE NUMBER:</b>			

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

**Current Degree(s) :**

- Associates Degree
- Bachelors Degree
- Masters Degree
- None of the Above

**Degree you are currently pursuing:**

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

**Major/Program:** \_\_\_\_\_ **SCHOOL/UNIVERSITY** \_\_\_\_\_

**ALL FIELDS BELOW MUST BE COMPLETED**

Course Title	Start and End Date	Credits	Cost/Credit	HR USE ONLY	
				Total Cost	Amount Due
	/  /  -  /  /				
	/  /  -  /  /				
	/  /  -  /  /				
	/  /  -  /  /				

<b>EE #</b>	<b>SS#</b>	<b>Plan Year Limit Reached:</b>
		<small>Rev. 5/1/18</small>

**Remarks:**

**CAPITAL HEALTH  
EDUCATIONAL ASSISTANCE REQUEST FORM**

This Educational Assistance Request is submitted with knowledge and understanding of the following conditions:

1. Coursework must begin after completing 12 months of continuous active service, or after 90 days if an RN and enrolled in a BSN program, and in a position budgeted of at least 40 hours per pay period.
2. Employee must be enrolled in a degree program that meets the requirements of HR Policy No. 4.15, Educational Assistance, Section IV.B. Degrees above a Master's level may be considered at the discretion of the VP of Human Resources, Executive Vice-President and the Vice-President in charge of the employee's department. Student registration, exam, books and other expenses and fees are not covered under this program.
3. The degree program must be: (a) directly related to the employee's present job, or (b) required to enhance the employee's potential for advancement in their department. All degree programs above a master's level must meet additional criteria and must be submitted and approved in advance of course commencement.
4. Reimbursement will be made upon satisfactory proof of grade and tuition payment. Proof of payment must include cost per credit, exclusive of all other fees. Employees must receive a minimum grade equivalent of "C" to be eligible for a refund. Requests for reimbursement must be received no later than six-months from date of course completion. No policy exceptions will be permitted for late submissions. Employees on leave of absence will not be eligible for reimbursement until actively returning to work. The benefit year will be determined by course start date.
5. The schedule of reimbursement is as follows:

<b><u>Less than 10 yrs of service as of last day of course:</u></b>	<b><u>Greater than 10 yrs of service as of last day of course:</u></b>
<b>Full-time:</b> 75% up to \$5,000 annually	<b>Full-time:</b> 100% up to \$5,000 annually
<b>Part-time:</b> 50% up to \$2,500 annually	<b>Part-time:</b> 100% up to \$2,500 annually

6. Employee's service requirement shall be considered settled in full following completion of twelve (12) months of employment from the date of course completion. If within twelve (12) months of course completion an employee terminates or has a reduction in budgeted hours to less than 40 hours per pay period, 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 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 service 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**

**To be completed by Department Head ---- I hereby certify that:**

- The degree being pursued by the above employee qualifies under  3.a.  3.b. above  
If 3.b., please explain: \_\_\_\_\_
- The employee has met standards on their most recent performance evaluation and continues to meet expectations.

\_\_\_\_\_  
**Department Head Signature**

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

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