

To apply for educational assistance:

- Complete the attached Educational Assistance Application and attach any additional information regarding the course(s) or degree program you wish to enter.
- Meet with your department manager to discuss your educational assistance request. If it is agreed that your request meets policy guidelines and budgetary restrictions, preliminary approval will be granted.
- Submit the original, signed form to Human Resources for final review.
- If funding is approved by the Vice-President or Community CEO, t h e n reimbursement may be requested for satisfactory course completion.
- Upon completion of the course, submit a copy of your grade report to Human Resources along with this form.

DEPARTMENT: HUMAN RESOURCES – EDUCATION, TRAINING AND DEVELOPMENT	POLICY DESCRIPTION: TUITION ASSISTANCE
APPROVED:	REVIEWED:
REPLACES: POLICY DATED 09/01/2004	RETIRED:
ADOPTED:	REVISED:12/06/2016
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EDUCATIONAL ASSISTANCE APPLICATION

Name: _____ Date of Request: _____

Department: _____ Manager: _____

Course Name(s): _____

Course Dates: _____

Degree Sought: _____
(if applicable)

If degree program, estimated time period for completion: _____

Name of Institution: _____

Address of Institution: _____

Course(s) Expenses: Tuition: _____
 Registration: _____
 Fees: _____
 Total: _____

What specific knowledge or skill will you learn?

How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced responsibilities?

Employee Signature: _____

I understand that I must pay the cost of tuition and fees in advance, and upon successful completion of the course(s), the company will reimburse me at the

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appropriate rate as outlined in the policy. I understand that I must furnish a grade report and receipts of expenses before reimbursement will be made. I also understand that if I leave the company within 12 months of reimbursement, I will be required to repay any and all amounts received.

Employee Signature: _____

Department Manager's recommendation: Approved Disapproved

Reason(s): _____

Does this application meet the established guidelines of the Educational Assistance Program? Yes No

Was this expense included in the Hospital budget? Yes No

Human Resources recommendation: Approved Disapproved

Date: _____

Vice-President/Community CEO recommendation: Approved Disapproved

Date: _____

Reason(s) (if disapproved): _____

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REIMBURSEMENT REQUEST

If you are eligible for benefits from other sources, you are required to apply those benefits to your costs prior to being reimbursed by the Company.

Note: You are required to submit verification of successful course completion (minimum "B") along with receipts for books, tuition and grades before payment will be made.

Reimbursement in the amount of \$ _____ is approved.

Expenses should be charged to: Unit _____ Account # _____

Vice President / Community CEO