

EDUCATIONAL ASSISTANCE APPLICATION

Instructions:

- Complete the educational assistance application and attach descriptive information regarding the course(s) or degree program you wish to enter.
- Meet with your department director/supervisor to discuss your educational assistance request. If it is agreed that your request meets policy the request will be forwarded on for Administrative review.
- Submit the original, signed form to the human resources (HR) department for final review.
- I understand that for tuition assistance towards an Associated Degree, I am required to remain in the employ of St. James Hospital at or above the same FTE status as when the application was approved, for a period of one (1) year after the completion of the latest course, or else provide a prorated refund to the hospital based on the duration of employment after completion of the course.
- Tuition Assistance towards a Bachelor's or Master's degree requires me to remain employed for two (3) years following completion of the degree, or repay the full amount of tuition assistance.
- If I begin a program and fail to complete the degree or program, I will be responsible for full repayment for the tuition assistance that had been previously paid by SJH.

Educational Assistance Application

Date: _____

Employee Name: _____ Job title: _____

Department: _____ FTE: _____ Years at SJH: _____

Course title: _____

Course dates: _____ to _____

Degree sought (if applicable): _____

Name of institution: _____

Address of institution: _____

Course Expenses:

Cost per credit hour: \$ _____

Total number of degree credits: _____

Total cost: \$ _____

Development objective (what long term goal is this program / course intended to help you reach): _____

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If seeking a degree program, please attach a brief outline of the courses included in the program from the college catalog or program brochure.

I understand that if this request is approved, reimbursement will be contingent upon successful completion (a grade of **B** or better for graduate courses; a grade of **C** or better for undergraduate courses). Expenses must be validated by receipts (receipts to include grants or financial aid received to determine proper reimbursement) and a copy of the final grade card will be submitted within 90 days thereafter. I further understand that failure to successfully complete any course(s) will result in an obligation to repay St. James Hospital the amount of tuition advanced.

Employee Signature ► _____ Date: _____

Department Recommendation:

Approved

Not approved

Reason: _____

Does this application meet the established guidelines of the educational assistance program policy? Yes No

Was this expense included in the departmental budget? Yes No

Departmental signature ► _____ Date: _____

Administrative Approval

This request is: Approved Not approved

Reason (if not approved): _____

Administrative signature ► _____ Date: _____

Advancement (to be made before course(s) begins)

Date: _____

Advance in the amount of \$ _____ is approved

Expense should be charged to: _____

Accounting manager signature ► _____ Date: _____

Reimbursement (to be made after successful completion of course(s) B for graduate, C for undergraduate)

Date: _____

Reimbursement in the amount of \$ _____ is approved

Expenses should be charged to: _____

Documentation of successful completion attached: _____

Human Resources signature ► _____ Date: _____