

# ELLIOT HEALTH SYSTEM APPLICATION FOR TUITION REIMBURSEMENT

The Tuition Reimbursement Program is designed to reimburse employees for college level courses that are offered by an accredited college, university, or other accredited educational institution. The program is also for certain other educational programs that would mutually benefit the employee and Elliot Health System. Fees and expenses associated with several day's training, workshops or seminars, non-credit courses, short-term certificate programs, as well as periodic or occasional meetings or briefings sponsored by professional organizations, groups, consultants, or vendors should be submitted for reimbursement under individual departments continuing education and/or travel, meetings and seminars budget.

## SECTION I: EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ EE ID#: \_\_\_\_\_ Soc Sec #: xxx-xx-\_\_\_\_\_  
Home Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dept. Name: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Scheduled Hours Per Week: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

## SECTION II: COURSE/PROGRAM INFORMATION

I hereby apply for tuition reimbursement for the following: (please check appropriate category/categories)

- \_\_\_\_\_ Individual College/University Level Course
- \_\_\_\_\_ Enrolled In Degree Program (Associates, Bachelors and Masters, PhD)
- \_\_\_\_\_ Accredited Certificate Program (with a term of at least 2 yrs)
- \_\_\_\_\_ Challenge exams for credit or credentialing
- \_\_\_\_\_ LNA Program

Course Title: _____	Course Number: _____
Course Title: _____	Course Number: _____
Course Title: _____	Course Number: _____
Course Title: _____	Course Number: _____

### Required Documentation:

- \_\_\_\_\_ Course/Exam/Certificate description
- \_\_\_\_\_ Proof of cost such as a billing statement

## SECTION III: COLLEGE/UNIVERSITY INFORMATION

- Masters/Ph.D. Level Course
- Bachelor's Degree
- Associates Degree
- Other (Please Explain): \_\_\_\_\_

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Educational Institution: \_\_\_\_\_ Accredited: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date the Class Begins	Date the Class Ends	Tuition Charge	Registration/Lab Fees	Total Cost

**SECTION IV: PERSONAL WRITTEN STATEMENT**

Written explanation on how this course/program/exam/other will contribute to the employee’s development

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This course is:     Job related     Not job related

**SECTION V: SIGNATURES**

**PLEASE READ CAREFULLY**

I understand all requirements must accompany this application and be submitted to the department of Education, Training, and Development prior to the start of the course. Requests for reimbursement, which are submitted after the start or completion of a course, may not be approved and could result in an out of pocket expense.

**IMPORTANT NOTE:** I understand employees who receive tuition reimbursement must remain employed at Elliot Health System for one year after completion of the course(s). If I leave Elliot Health System before the end of one year from the date the course ends, I am responsible for repayment of the course to Elliot Health System. This repayment may come out of my last paycheck(s), if the amount allows. Otherwise, I understand and agree that I will make personal payment to Elliot.

I understand and agree that I am applying for tuition reimbursement under my own volition.

**Required Signatures**

Employee \_\_\_\_\_ Date: \_\_\_\_\_

Director \_\_\_\_\_ Date: \_\_\_\_\_

Print Director Name \_\_\_\_\_ Date: \_\_\_\_\_