

## REQUEST FOR TUITION REIMBURSEMENT

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Employee Name:

Department:

Job Title:

Name of School:

Phone #:

Start Date of Academic Term:

Degree:

1. Title of Class:

Number of Credit Hours:

Tuition: \$

Briefly describe the relationship between this course and your present or future hospital position:

2. Title of Class:

Number of Credit Hours:

Tuition: \$

Briefly describe the relationship between this course and your present or future hospital position:

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**To receive tuition reimbursement assistance in any amount, I agree to the following:**

1. Complete "Request for Tuition Reimbursement" Form and send to Training and Development (T&D) within 30 days of finishing the class/course/certificate program, etc. along with the supporting paperwork mentioned below in point #4
2. T&D will determine if money has been budgeted for your tuition. T&D will let you know via email if there are funds available and the request has been granted. If funds are unavailable, T&D will contact you to discuss when the application window will be open to reapply.
3. At the end of the term, provide T&D the **account detail** (including proof of payment per class) and grades of at least Pass, for a pass / fail (on a pass/fail system) "C" or better for undergraduate classes and "B" or better for graduate work. This paperwork shall be turned in within **30 days** of the completion of the course in order to receive the reimbursement or it will be denied.
4. If recipient leaves the employment of organization, or drops below 0.5 status, for any reason before one (1) calendar year upon receipt of reimbursement under the program, he/she shall be responsible for reimbursing the hospital for any monies paid out in the past 12 months, unless the hospital waives the provision in writing. (See Tuition Reimbursement Policy)  
**Note:** Advanced/Graduate Degrees (e.g., MHA, NP, PA) will abide by their individual promissory notes.

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Employee's Signature

Date

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The employee's request for a tuition reimbursement loan is:

APPROVED FOR: **1.** \_\_\_\_\_ Credit Hours and **2.** a total of \$ \_\_\_\_\_ which is to be charged as  
dedicated Tuition Reimbursement to Department 101.700005 Line Item 809011 / 809022

DISAPPROVED - reason: \_\_\_\_\_

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Training and Development Director Signature

Date