Augusta Health
Educational Assistance Benefit Agreement

By completing the Education Assistance Application, I/We, the undersigned, agree to the following obligations as requirements for the participation in the Tuition Reimbursement Benefit.

1. That it is the team member's responsibility to submit the appropriate documentation for reimbursement to the Human Resources Department as described in the Education Assistance Program Policy

2. It is the applicant's responsibility to report any financial assistance as required by the IRS

3. Any Education Assistance received will be counted toward the IRS tax-free limit of $5,250 for the year in which it is paid; regardless of when the class was completed.

4. The team member must submit a separate application for each school semester or quarter with a course curriculum and class schedule no later than the following dates:

   a. Fall Semester: August 1
   b. Spring Semester: December 1
   c. Summer Semester: May 1
   d. Online or Continuous   At least 30day prior to beginning class

5. The receipt of reimbursement generates indebtedness to Augusta Health which is to be returned in the following manner:
   a. For every amount up to $1,250 an employee receives tin tuition reimbursement, the team member is required to work one quarter (three (3) months) starting upon date of receipt of the money.

   b. If an employee leaves the employment of Augusta Health for any reason prior to fulfilling this requirement, the team member is to refund the amount of assistance received to Augusta Health.   All refunds due to Augusta Health are to be paid in full on or before the team members last regular workday. Augusta Health may deduct from a team member's last paycheck to the extent permitted by law any sums owed by the team member to Augusta Health.

_____   _____
Date   Student/Team Member

_____
Department Director

_____
Approved   Human Resources   Date

Revised 1-27-22, Policy Manager

Augusta Health
Educational Assistance Benefit Application

Instructions:

- Complete the educational assistance application and attach descriptive information regarding the course(s) or degree program you wish to enter.
- Complete a separate application for each school semester or quarter, with a course curriculum and class schedule by agreed deadlines.
- Meet with your department manager to discuss your educational assistance request. If it is agreed that your request meets policy guidelines and budgetary restrictions, the manager will grant preliminary approval.
- Submit the original, signed form to the human resources (HR) department for final review.

Educational Assistance Application

Date: _____

Employee name: _____
                     Last,   First   MI

Department: _____ Job title: _____

Employment Status: Full-Time ☐   Part-Time ☐

Course title: _____

Course dates: _____ to _____

Degree, diploma, certification sought (if applicable): _____

Anticipated Completion Date _____

Name of institution: _____

Address of institution: _____

Course Expenses:

Tuition: $_____

Required Books/materials $_____

Total cost $_____

Revised 1-27-22, Policy Manager

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

_____

_____

_____

If seeking a degree program, please attach a brief outline of the courses included in the program from the college catalog or program brochure (necessary for initial request only).

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) of each course and submission of all receipts and paid bills within 30 days thereafter. I further understand that failure to successfully complete any course(s) will result in no obligation of Augusta Health to pay any reimbursement.

_____
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 department budget?

 [ ] Yes   [ ] No

_____
Department manager signature

_____
Date

HUMAN RESOURCE DEPARTMENT APPROVAL

This request is   [ ] Approved   [ ] Not approved

Reason (if not approved): _____

_____

_____

Human Resources 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: [ ] Yes   [ ] No

_____

Human Resources Signature

_____

Date