

GRMC Tuition Assistance Guidelines

Who is eligible?

Full- and part-time employees who meet the eligibility requirements as stated in applicable labor contracts and employee handbook. Eligible employees must be enrolled in an accredited college degree program. Certification programs may be eligible but are subject to prior approval. The course work must be related to a healthcare based profession or prepare the employee for a reasonable promotion within GRMC. Approval will not be granted for course work that prepares them for a new trade, business or profession that would remove them from GRMC.

- Per Diem or casual employees are not eligible
- Employees who are on leave (i.e., sick, education, personal, family, etc.) are not eligible.
- Additionally, if a leave of absence is taken after an initial tuition reimbursement approval has been granted, s/he will not be eligible for reimbursement.

How do I apply?

Tuition Assistance applications are available in the 1st floor Human Resources Office (near the credit union), the Education & Research office (#3595HP), or on the HR Department page on the Genesys Intranet (under Benefits/Benefit Forms OR under Employment).

Applications must be:

- 0 Complete, legible, and accurate. Failure to complete the application will delay approval.
- 0 The submitted application must be an original and not a copy.
- 0 Submitted *prior to the start of the semester*. Late applications will be denied.
- 0 Submitted to the Education & Research office (#3595 HP)

What is the reimbursement process?

Upon completion of the course, the employee must submit a copy of the tuition statement reflecting tuition charges for the course(s) as well as a copy of the grade(s) received. Official proof of grades and documentation of tuition costs must be submitted within 60 days of course completion. Failure to do so will render an employee ineligible for reimbursement. **Please note, however, that the fiscal year ends on 6/30 and grades must be received by 6/30 to be reimbursed out of that fiscal year. Grades received after 6/30 will be reimbursed out of the next fiscal year's benefits.**

Full- and part-time employees will be reimbursed for 75% of their semester's tuition per *fiscal year to the maximum amount allotted as per applicable labor contracts and employee handbook. Expenses such as textbooks and uniforms are not reimbursable. (*Fiscal year is July 1 thru June 30).

Employees must receive a grade of a "C" or better for undergraduate coursework. A "B" or better is required for graduate coursework. In the event that the course is a pass/fail situation, passing is required.

Employees must agree to continue to work for GRMC for a specified time period following reimbursement for a course (as stated in applicable labor contracts and employee handbooks). If the employee leaves voluntarily prior to completion of this time, s/he is required to refund the amount of tuition reimbursement received during the preceding tuition reimbursement period.

What if I'm receiving other forms of financial assistance (i.e., loans, grants, etc)?

Grants & Scholarships: GRMC will not assist employees who are receiving financial assistance in the form of a grant or scholarship. GRMC may elect to pay the difference between what these programs pay and what the Tuition Assistance program pays. (**Employees receiving RN Reward\$ Scholarship are not eligible for tuition assistance for the same coursework).

Loans:

Financial aid loans do not affect the amount of reimbursement receivable under the tuition assistance program.

Questions regarding the Tuition Assistance Program should be directed to Rhonda Broussard at 606-6430.



**TUITION ASSISTANCE APPLICATION
HUMAN RESOURCE DEPARTMENT**

PLEASE PRINT

Date:	Name:	Social Security #:	Home Phone: ()
Hire Date:	Classification:	Shift:	Work Phone:
Center/Dept.:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Home Address:	City/State/Zip:

I am pursuing a: Associate's Bachelor's Master's Degree Other.

Expected date of graduation/completion: _____ in (major): _____ (minor): _____

University/College: _____ Address: _____ City/State/Zip: _____

I am requesting tuition assistance for the following classes (use one application for each semester):

COURSE NUMBER	COURSE NAME	CREDIT HOURS	DATE STARTS	DATE ENDS	TOTAL TUITION PAID	FEES PAID (i.e. registration, parking, etc.)	TOTAL PAID

Will you receive financial assistance from any other source? yes no If so, what source/how much: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I am applying for tuition reimbursement under the Medical Center's Tuition Assistance Program. I understand that all courses must be approved in advance, and that approval will be based on the Medical Center's determination that said educational course(s) meet the requirements of the Medical Center's Tuition Assistance Program. I understand that I will receive confirmation of approval and that the Medical Center will only reimburse me for tuition and course related fees. Textbooks, payment plan fees, travel expenses, parking fees, etc., are not covered under this program. Federal tax laws may require Genesys Regional Medical Center to treat tuition assistance benefits as taxable income.

I certify that the above information is true, and I agree to submit proof acceptable to the Medical Center of the grade received and the amount of tuition paid within sixty (60) days after approved course(s) are completed. I understand that reimbursement will not be made if I in any way fail to meet the requirements of this program, drop, or fail to satisfactorily complete the approved course(s). I agree to remain a part or full time employee for the terms of the required service period. If I voluntarily terminate my employment before my required service period is completed, I authorize the Medical Center to deduct the tuition amount received from my remaining paycheck(s), and I further agree to repay any additional money owed under this program at the time of my termination.

Applicant's Signature/Date _____

Department Head's Signature/Date _____

Genesys Learning Institute Signature/Date _____

THIS SECTION FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved Amount Approved: \$ _____	Account Charged: _____
<input type="checkbox"/> Disapproved/Reason: _____	Disposition of Check: <input type="checkbox"/> Mail <input type="checkbox"/> Paycheck
	Finance Approval: _____