

**BEACON HEALTH SYSTEM
TUITION REIMBURSEMENT APPLICATION**

INSTRUCTIONS: Complete Section I - forward to Department Director for approval. Refer to Tuition Reimbursement Policy for full reimbursement details. **Do not use this form for Certification Reimbursement.**

SECTION I – APPLICANT:

Name _____ Assoc.# _____ Dept. _____

Status: Full-time ____ Part-time ____ Non-Union ____ Union ____ Date of Hire: _____

Educational Institution: _____

Course Title	Course Number	Credit Hours	Starting Date	Ending Date
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Course(s) applies toward:

Doctorate
 Masters
 Bachelors
 Associate
 CEU's

Describe course content and how it benefits Beacon Health System and/or prepares you for job advancement at Beacon. _____

I understand and agree to the repayment terms as stated in the Tuition Reimbursement Policy. I authorize Beacon Health System to deduct any amount owed from my final paycheck, unless a prior arrangement, in writing, has been made.

Applicant's Signature _____ Date _____

SECTION II – DEPARTMENT DIRECTOR'S ENDORSEMENT:

This associate has completed the probationary period and is eligible to receive tuition reimbursement.

Department Director's Signature _____ Date _____

SECTION III – DEADLINES

The final deadline for submitting completed reimbursement materials to H.R./Benefits follows:

- Spring (classes January thru May): July 1
- Summer (classes May thru August): October 1
- Fall (classes August thru December): December 20

In the event the applicant has not received their Fall grade(s) by December 20th, applicant will still be allowed to turn in the tuition reimbursement request until January 31st of the year immediately following, but it will be applied to the new years' maximum reimbursement amount.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO ASSOCIATE.

HUMAN RESOURCES USE ONLY

GRADE(S) EARNED _____ CALENDAR YEAR _____ APPROVAL _____ DISAPPROVAL _____
 Tuition reimbursed \$ _____ Books reimbursed \$ _____ Total Amount Paid \$ _____
 Amount Paid to Date \$ _____ Scholarship Awarded: YES _____ NO _____