

Dupont Hospital Tuition Reimbursement Procedures

Prior to the first day of class:

The attached application must be completed, signed by your Team Leader and submitted to Human Resources prior to the start date of the class(es).

Team Member must provide all of the following information:

1. Complete the personal information requested.
2. Name of institution you are attending.
3. The type and amount of financial aid you are receiving, if applicable. List each grant, scholarship, or loan and the amount individually.
4. Explanation of what type of degree, diploma or certification you are working toward.
5. List of class(es) by course number and name with the total cost and credit hours of the class and lab, if applicable. Do not list parking fees, student fees, activity fees, books, etc. as part of your tuition. You will be reimbursed for tuition and lab fees only. If one of your classes is dropped, full or canceled and you are taking a different class, you must submit another application for the new class.
6. Indicate the start and anticipated completion dates of the class. Submit a separate application when the classes are not being taken over the same time period (i.e., one application for the first summer semester, a separate application for the second summer semester).
7. Explanation of how completion of the class(es) will benefit Dupont Hospital.
8. Submit a copy of your fee statement and proof of registration for the class(es) listed on your reimbursement form. The fee statement should indicate the class number, the fee for each individual class, credit hours per class, and any applicable lab fee.
9. Fill out and sign the CHS Educational Assistance Agreement and return with application to Human Resources.

After completion or cancellation of the class:

1. If you drop a class, the class is canceled, or you do not finish the class with a "C" or better, notify Human Resources in writing.
2. Submit a copy of your grades to Human Resources within thirty (30) days of completion of the class(es).

Tuition will be reimbursed on your paycheck per payroll processing deadlines.

Should you have any questions about the tuition reimbursement program, please contact Amy Smith at Dupont Hospital Human Resources - Monday, Wednesday or Thursday at 260-416-3014.

DUPONT HOSPITAL

TUITION REIMBURSEMENT APPLICATION

Name _____ Position _____

Department _____ Full Time _____ Part Time _____

Date of Hire _____ Social Security Number _____

School Attending _____ - _____

If you are receiving financial assistance from another source, please identify the source and amount _____

If you are working toward a degree or certification, indicate type _____

Session: _____ Fall _____ Spring _____ Summer

Class(es):

1. Class Name _____ Tuition \$ _____
Date Class Begins _____ Date Class Ends _____

2. Class Name _____ Tuition \$ _____
Date Class Begins _____ Date Class Ends _____

3. Class Name _____ Tuition \$ _____
Date Class Begins _____ Date Class Ends _____

Please indicate how your participation in this class(es) will benefit Dupont Hospital.

My signature certifies that the above information is accurate and any discrepancies or omissions could result in disciplinary action.

Team member Signature _____ Date _____

The above request is: Approved _____ Denied _____

Reason for Denial: _____

Team Leader Signature _____

The Team Member is to take this application to Human Resources following approval/denial for processing.

Amount approved for this application \$ _____ Balance for school year \$ _____

Human Resources Signature _____ Date _____

