



Tuition Reimbursement Application

Instructions:

- Complete this application and include descriptive information regarding the course(s) you wish to request reimbursement.
- Application must be submitted *and* approved **in advance of enrolling in courses**.
- Meet with your Human Resource Director to discuss your request. If your request meets policy guidelines and budgetary restrictions, the hospital CEO will grant approval.
- Per the defined due dates, submit a copy of your grade report, itemized bill, and approved Tuition Reimbursement Application to your Human Resources Director
 - If the course was successfully completed, your tuition and other eligible expenses (books/fees) will be reimbursed (max of \$3,000 per calendar year).
 - If the course is not successfully completed or passed with a "C" or above, reimbursement will not be awarded.

Tuition Reimbursement Application

Date: _____

Employee name: _____

Department: _____ Job title: _____

Course title(s): _____

Course dates: _____ to _____

Degree sought: _____

Name of institution: _____

Address of institution: _____

Course Expenses:

Tuition	\$
Fees	\$
Books/materials	\$
Total cost	\$



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

If seeking a degree program, you must 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 C or better for courses, "Pass" for Pass/Fail courses, or obtaining a certificate*) of each course and submission of all receipts and paid bills within 30 days thereafter.

_____ I understand that if my full-time employment terminates prior to completion of approved courses for any reason whatsoever, including voluntary resignation, or dismissal by Oceans Healthcare with or without cause; reimbursement will not be awarded.

_____ I understand that if approved courses are not completed with a "satisfactory" grade reimbursement will not be awarded.

_____ I understand that I must submit proper documentation showing tuition expenses, fees, books to receive reimbursement.

_____ I agree to repay Oceans Healthcare 100% of any Tuition Reimbursement received if I fail to work (*for whatever reason, i.e., refuse to work or terminated with or without cause or voluntarily resigns*) as a full-time employee on behalf of Oceans Healthcare for at least 6 months from the Reimbursement Date.

_____ I agree and authorize Oceans Healthcare to off-set any and all of the Repayment Obligation against any amount owed by Oceans to the myself, including but not limited to salary, wages, bonuses, commissions, vacation pay, termination pay, and severance pay, and expense reports.

Employee Signature

Date



HOSPITAL CEO RECOMMENDATION

Approved Not Approved

Reason: _____

Does this application meet the established guidelines of the Tuition Reimbursement program policy? Yes No

Hospital CEO Signature

Human Resources Signature

Date