

2022 CLASS TUITION ASSISTANCE APPLICATION

Employee Name: _____ Employee No.: _____ Date of Hire: _____

Mailing Address: _____

Department: _____ Position: _____

☐ Tuition Reimbursement/Lab Fees ☐ Textbook Reimbursement

Instructions:

The following steps are required for successful completion of the Tuition Assistance Application.

- Complete application front and back and return to Human Resources.
- Attach registration documentation showing classes, credits, & tuition fees from an accredited educational institute.
- Attach receipts for books purchased.
- Attach grade report with proof passing grade, "C" or above or proof of successful course completion.
- Attach tuition receipt paid in full. Tuition that has been fully paid for with a scholarship and/or grant is not eligible.

The Tuition Assistance application and approval process takes approximately two weeks. Checks will be mailed directly to your address on the application.

Maximum Annual Education Assistance Benefits (RN to BSN/ RT to BSRT only)

Budgeted Hours	RN to BSN / RT to BSRT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, one-time upfront payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
72 - 80 hrs. RN to BSN / RT to BSRT only	5250
40 - 71 hrs. RN to BSN / RT to BSRT only	4000

Special BSN Allowance: Effective 1/1/2015 through 12/31/2022 Registered Nurses seeking to get their BSN will be allowed reimbursement at the higher graduate level. Additionally, RN's seeking BSN will be allowed a one-time pre-payment of tuition funds.*** This one time up from payment is a replacement for the initial payment that would have been granted at the end of your initial set of classes All other sections of the policy apply.

Special RT to BSRT Allowance: Effective 8/1/2020 through 12/31/2025 Respiratory Therapist seeking to get their BSRT will be allowed reimbursement at the higher graduate level. Additionally, RT's seeking BSRT will be allowed a one-time pre-payment of tuition funds.*** This one time up from payment is a replacement for the initial payment that would have been granted at the end of your initial set of classes All other sections of the policy apply.

***Employees receiving the one time upfront maximum payment will not be eligible for additional payments for 12 months

Maximum Annual Education Assistance Benefits

Budgeted Hours	<input type="checkbox"/> 0 to 5 yrs.	<input type="checkbox"/> 5 to 10 yrs.
72 – 80 hrs.		
<input type="checkbox"/> Undergrad:	4000	5250
<input type="checkbox"/> Graduate:	4000	5250
40 – 71 hrs.		
<input type="checkbox"/> Undergrad:	3000	4000
<input type="checkbox"/> Graduate:	3000	4000

Reason for Taking courses:

Name of Course(s)	Course Number	Date Course Begins	Date Course Ends	Tuition & Lab Fees
1.				\$
2.				\$
3.				\$
4.				\$
Total Cost of Tuition				\$
Books				
1.				\$
2.				\$
Total Cost of Books				\$
Total				\$

☐ **Not enrolled in a degree program-** taking the course(s) to improve current job performance. Explain how taking this course will accomplish this objective. _____

☐ **Enrolled in a degree program** – taking this course(s) will satisfy requirements to obtain a degree. LIST the type of degree program to which the course(s) applies: (Example: B.S. Nursing, Masters in Nursing, A.D. in Respiratory Therapy, etc.) _____

I certify that the above information is correct. I have read and understand the Tuition Assistance Program Policy.

I understand and agree that if I fulfill the outlined requirements and am reimbursed by Kootenai Health, I must maintain full or part time employment status for one (1) year following reimbursement of the completed course(s). If I terminate employment or change to on-call status prior to the completion of one (1) year following reimbursement, the amount immediately converts to a loan and becomes payable at the time of separation or status change. I further authorize Kootenai Health to deduct this outstanding loan balance as a monthly payroll deduction or from my final paycheck.

Signature of Employee

Date

DEPARTMENT DIRECTOR ACTION

☐ Recommend

☐ Not Recommended

Reason: _____

Please verify that the course work is in a field appropriate to Kootenai health's current and/or future needs.

Signature of Department Director/V.P. _____