



TUITION REIMBURSEMENT APPLICATION

APPLICATION MUST BE DELIVERED OR EMAILED TO BENEFITS (benefits@erlanger.org)
WITHIN 2 WEEKS OF BEGINNING THE SEMESTER, TERM, or SESSION.

All items in each section must be completed before the application form will be processed. If "not applicable", mark as "N/A".

Section I

Name: _____ Title: _____ Associates #: _____
Full-time (.85-1 FTE): _____ Part-time (.52-.84 FTE): _____ Dept./Unit: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Section II

Institution: _____
Degree: _____ Major: _____
Semester/Term/Session + Year (i.e.: Spring 20XX): _____ Start Date: _____ End Date: _____

Course Name and Number	Start Date	End Date	Credit Hours	Cost
				\$
				\$
				\$
				\$

I understand and agree that, in order to receive reimbursement, I must deliver or email a copy of my final grade(s) of a "C" or semester GPA of 1.5 or better and receipt of tuition paid with zero balance to Benefits (benefits@erlanger.org) within 30 days of completing the semester, term, or session.

Section III

Regular full-time associates are required to complete one month of service for each \$208.33 or fraction thereof reimbursed.
Regular part-time associates are required to complete one month of service for each \$125.00 or fraction thereof reimbursed.

I understand that my employment at Erlanger Health System must continue until the time obligation is fulfilled, or I must reimburse Erlanger Health System for all months' service not worked, including remaining months of service from previous reimbursements. The remaining amount will be paid with interest calculated at prime rate in existence at the time of default, plus one percent. Monthly payments will be calculated over no longer than a 24-month period. Any single default in payment will cause the unpaid balance to be placed with an attorney or agency for collection, and I agree to pay all reasonable legal fees and court costs associated with the collection of the unpaid balance.

Applicant's Signature: _____

Date: _____

Signature: _____

Date: _____

(Manager, Department Head, Vice President)



CERTIFICATION REIMBURSEMENT APPLICATION

APPLICATION MUST BE DELIVERED OR EMAILED TO BENEFITS (benefits@erlanger.org)
WITHIN 30 DAYS OF CERTIFICATION COMPLETION.

All items in each section must be completed before the application will be processed. If "not applicable", mark as "N/A".

Section I

Name: _____ Title: _____ Associates #: _____
Full-time (.85-1 FTE): _____ Part-time (.52-.84 FTE): _____ Dept./Unit: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Section II

Name of Certification Board/Agency: _____
Year (i.e.: 20XX): _____

Certification	Date Completed	Exam Cost
		\$

I understand and agree that, in order to receive reimbursement, I must deliver or email this application along with proof of certification and receipt of exam cost to Benefits (benefits@erlanger.org) within thirty 30 days of completing the certification.

Section III

Regular full-time and regular part-time associates are required to complete one month of service for each \$33.33 or fraction thereof reimbursed.

I understand that my employment at Erlanger Health System must continue until the time obligation is fulfilled, or I must reimburse Erlanger Health System for all months' service not worked, including remaining months of service from previous reimbursements. The remaining amount will be paid with interest calculated at prime rate in existence at the time of default, plus one percent. Monthly payments will be calculated over no longer than a 24-month period. Any single default in payment will cause the unpaid balance to be placed with an attorney or agency for collection, and I agree to pay all reasonable legal fees and court costs associated with the collection of the unpaid balance.

Applicant's Signature: _____

Date: _____

Signature: _____

Date: _____

(Manager, Department Head, Vice President)