

A Alliance
Health & Human Services
TUITION REIMBURSEMENT PROGRAM

Alliance Health & Human Services provides financial assistance in the form of tuition reimbursement to employees continuing their education in undergraduate, graduate degree programs, and certificate programs to improve current job skills and prepare for career advancement. Assistance is available for pre-approved courses taken at an accredited junior college, college, university, or other educational institutions.

Generally, a minimum of one year of company service and full-time status is required to be eligible for this program.

As part of the application process, employees must submit a *Tuition Reimbursement Application* to his/her supervisor for approval, to be forwarded to Human Resources.

Employees must continue to perform their job in a satisfactory manner while enrolled in classes. Under normal circumstances employees should schedule class attendance and the completion of study assignments outside of regular working hours.

Satisfactory Completion

Satisfactory completion is a grade of B or better for an undergraduate course and/or for graduate study or a "Pass" in a Pass/Fail grading system. Official grade notification of course completion is required for reimbursement and must submit within 30 days of satisfactory course completion.

Amount of Assistance

The Company will reimburse an employee up to \$2,500 toward the cost of tuition, books and related materials for approved courses per calendar year. At the time the employee submits a *Tuition Reimbursement Application*, demonstration of satisfactory job performance, verified by his/her manager, is required.

Reimbursement will not occur under the following conditions:

- Employee does not achieve satisfactory course grade.
- Employee does not submit a *Tuition Reimbursement Application* prior to course enrollment or the required documentation for reimbursement within 30 days of satisfactory course completion.
- Employee completes course that does not qualify toward the approved program.
- Employment is terminated voluntarily or involuntarily prior to completing all required documentation specified above for reimbursement. An employee who is terminated due to position elimination will retain eligibility for reimbursement assuming all other program requirements are satisfied.

Non-Covered Programs

Tuition reimbursement does not cover the following:

- Meals, transportation, late registration fees, fees for deferring tuition payment, college entrance exams, parking, other personal expenses, and tools and supplies retained after the course ends.
- Courses, degrees, or programs that are not work-related.
- Courses provided by an individual tutor operating independently
- Correspondence or on-line programs *not* with an accredited college or university.

TUITION REIMBURSEMENT APPLICATION

1. Employee Information (Please *Print* All Information)

Name: _____

Location/Department: _____

Position: _____

Is this course part of your program? Yes No

Type of Degree: AA BA/BS Masters Ph.D. Ph.D.

Area of Study: _____ School/Institution: _____

Course Title & Number	Number of Credits/Units	Starting Date	Ending Date	Tuition Amount

Proof of enrollment for the course(s) listed above should accompany this application. Acceptable proof of enrollment includes class schedule and/or tuition bill.

The *Tuition Reimbursement Application* must be submitted prior to the start of the class for which you are enrolled. Incomplete applications will not be accepted. Required documentation for reimbursement must be submitted within thirty (30) days of course completion. Proof of satisfactory completion of class is required for any payment to be processed.

2. Reimbursement

Tuition reimbursement provides up to \$2,500 of covered costs (tuition, fees, textbooks and materials, excluding meals, tools and supplies) for pre-approved courses per calendar year. (*Initials*_____)

I have reviewed the guidelines and instructions for tuition reimbursement and understand my responsibilities. I certify that the above information is correct. I understand that acceptance into the Alliance Health Management Services, LLC. Tuition Reimbursement Program is subject to compliance with all policies. I understand that reimbursement is subject to presentation of documentation for each completed course and availability of funds. I understand that this program may be discontinued or modified at any time. If I leave the center within one year of receiving tuition reimbursement monies, I acknowledge these monies will need to be repaid.

Employee's Signature: _____ **Date:** _____

3. Approvals

Executive Director's Signature: _____ Date: _____

Human Resources Manager's Signature: _____ Date: _____

TO BE COMPLETED BY HUMAN RESOURCES:

Payment Amount: \$ _____ Date sent to Account Payable: _____