



Tuition Assistance



Policy A-HR-9

March 31, 2008

Purpose: To provide a means for Three Rivers District Health Department to develop and maintain a competent workforce.

Policy: Three Rivers District Health Department will adhere to the tuition assistance procedures outlined in 902 KAR 8:160, Section 4. An agency director may approve payment of tuition for a regular full-time or designated part-time 100-hour employee to attend a course of study provided by a college or university, correspondence school, vocational school, or other training institution, if the coursework is related to the work of the agency, the employee's current position, or an agency position to which the employee can reasonably aspire. The agency director may approve tuition assistance for a non-related course if the course is a requirement for a degree or certification program and the degree is determined to be necessary to the function and purpose of the agency. The board may approve a tuition assistance request to be used by an agency director for his or her course of study.

Procedure: The employee may apply for tuition assistance by filling out forms A-HR-9 (A) and A-HR-9 (B) and submitting to the District Director. Assistance will be awarded based on availability and feasibility.

District Director

Date

Chairperson, Three Rivers District Board of Health

Date

Form A-HR-9 (A)

Three Rivers District Health Department

Request for Tuition Assistance

Applicant Information:

Name:
Position:
Work Station:
Home Address:

Course Information:

Course Title and Number:
Institution and Address:
Justification for Course:
Start and Finish Dates:
Credit Hours and Level:
Cost:

Tuition Assistance Agreement:

I have reviewed the rules of the tuition assistance program, signed the agreement, and will comply with the provisions therein.

Signature _____ Date _____

Supervisor Review and Recommendation:

I (do, do not) recommend the applicant for the course:

Signature _____ Date _____

Director Review and Recommendation:

I (do, do not) recommend the applicant for the course:

Signature _____ Date _____

Form A-HR-9 (B)

Three Rivers District Health Department

Tuition Assistance Agreement and Authorization for Repayment

This agreement is entered into between _____ and Three Rivers District Health Department.

I have voluntarily requested approval to receive educational assistance from Three Rivers District Health Department. I understand that educational assistance shall be paid back at the rate of one month of employment for one semester hour of tuition paid by the agency. I understand that credit for repayment begins the day I complete the course(s) and present evidence of such.

I sign this agreement recognizing my obligations and authorize Three Rivers District Health Department to affect a payroll deduction equal to any or all of the total cost of the educational tuition assistance if:

- 1.) I fail to provide Three Rivers District Health Department, within 30 business days after the scheduled completion of the course, evidence of a satisfactory completion of the course for which assistance was authorized. Satisfactory completion is defined as a "C" in an undergraduate course and a "B" in a graduate course.
- 2.) I voluntarily terminate employment with Three Rivers District Health Department prior to completion of the time repayment obligation outlined above.
- 3.) The course is not completed, regardless of cause, without prior approval by the district director.
- 4.) I receive duplicate payment for the same course from any other source.

Course(s) requested:

Course number _____ Title _____

Course number _____ Title _____

Course number _____ Title _____

Employee signature

Date