



Bristol Hospital and Health Care Group
College Tuition Reimbursement Request Form

IMPORTANT INFORMATION
(PLEASE KEEP FOR YOUR RECORDS)

1. YOU MUST APPLY FOR REIMBURSEMENT PRIOR TO TAKING THE COURSE(S).
2. A COMPLETED SERVICE AGREEMENT MUST BE SIGNED AND INCLUDED WITH THE APPLICATION FOR TUITION REIMBURSEMENT FOR ALL GRADUATE AND UNDERGRADUATE COURSES.
3. ALL SUBMISSIONS MUST BE COMPLETE AND SUBMITTED 21 DAYS BEFORE START OF PROGRAM OR EMPLOYEE REIMBURSEMENT CANNOT BE GUARANTEED.

*****NO APPROVAL FOR REIMBURSEMENT WILL BE GRANTED RETROACTIVELY*****

- To be eligible for tuition reimbursement your course of study must be associated with your continued employment at Bristol Hospital. Your education pursuits must be related to:
 1. Knowledge or skills that will improve your performance or update your skills
 2. The acquisition of knowledge or skills relating to Hospital openings expected to develop in the future
 3. Required or pertinent electives in your degree program that enhance your career potential with Bristol Hospital
- Obtain necessary information:
 - College Acceptance Letter
 - Proof of registration/Course Schedule
- Fill out form completely and bring to your Manager for signature 21 days before start of course.
 - You and your manager will be notified of VP approval by email.
- After completion of course, submit grades to Human Resources within 90 days
 - A copy of your grades or an email from your professor with your grade(s)
 - tuition receipts
 - book receipts *

**Cancelled checks made payable to the school are acceptable.*

- In order to qualify for tuition reimbursement, you must attain a grade of C or better. If the course is a non-credit course, turn in any documentation you may receive such as certificates, etc. If the circumstances prohibit you from obtaining your grade(s) within a reasonable period of time upon completion of the course, you are required to contact the Human Resources Department immediately.
- Be aware the monies paid are based on a calendar year that ends the week before the last payroll of the given year, per IRS guidelines. This means that mid-December each year will serve as the cut off for that years reimbursement vs. when the cost was incurred
- Allow a minimum of three (3) weeks for receipt of your approval copy and/or receipt of check.

ANY EMPLOYEE WHO HAS RECEIVED A CORRECTIVE ACTION WILL BE INELIGIBLE FOR TUITION REIMBURSEMENT FOR A SIX (6) MONTH PERIOD FOLLOWING THE CORRECTIVE ACTION.



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Date Stamp (HR Use Only)

BRISTOL HOSPITAL

EMS

Service Agreement: To be eligible for tuition reimbursement you must read and agree to the terms and conditions related to continued service to Bristol Hospital. This benefit is available to employees of Bristol Hospital and select EMS according to company policy. This provision applies to tuition reimbursement for all eligible undergraduate and graduate courses.

NAME	DEPT.	EMP. ID #	
ADDRESS	CITY	STATE	ZIP
POSITION	SCHED. HOURS	DATE OF HIRE	
SCHOOL ATTENDING	SEMESTER (CHECK ONE) <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> WINTER	ESTIMATED GRADUATION DATE	
LEVEL OF DEGREE SEEKING (CHECK ONE) <input type="checkbox"/> NONE <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE		DEGREE MAJOR	
HAVE YOU BEEN ACCEPTED IN A DEGREE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU SUBMITTED SCHOOL LETTER AS PROOF? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COURSE NUMBER AND TITLE	# CREDITS	START DATE	TUITION AMOUNT
COURSE NUMBER AND TITLE	# CREDITS	START DATE	TUITION AMOUNT

EMPLOYEE SIGNATURE	DATE
DEPT. HEAD APPROVAL SIGNATURE	DATE
VICE PRESIDENT APPROVAL SIGNATURE	DATE

HUMAN RESOURCES USE ONLY		
Approved For	<input type="checkbox"/> Full time courses: Up to \$3000 per calendar year <input type="checkbox"/> Part time courses: Half the cost of the course to a maximum of \$1500 per calendar year	Date:
Denied (Explain)		
YTD Remaining	Final Approval Signature	Date:

****Please attach each of the following items: Tuition Reimbursement Agreement, Acceptance Letter, Registration for Course(s), and Proof of Payment. All grades must be handed in at the end of the semester. ****

BRISTOL HOSPITAL AND HEALTH CARE GROUP
TUITION REIMBURSEMENT SERVICE AGREEMENT

I _____, am applying for Tuition Reimbursement from Bristol Hospital and Health Care Group (BHHCG). I understand that if I qualify for tuition reimbursement in accordance with Human Resources Policy, certain conditions must be met following reimbursement.

- I understand that although BHHCG encourages continuation of education on the part of its employees, the completion of a course or achievement of a degree is not a guarantee of an upgrade or promotion.
- I agree to a service commitment of one year from the completion date of each semester at the same level reimbursed. **PLEASE NOTE:** Employees who apply for tuition reimbursement in consecutive semesters will have the service requirements of prior semesters met concurrently. Therefore, the service agreement will not exceed one year following the final reimbursement for classes.
- If I do not meet the conditions of the agreement as outlined above, I understand that a pro-rated amount of the tuition for which I have been reimbursed will be due and payable prior to termination of employment or decrease to ineligible status. I authorize BHHCG to **DEDUCT** from my final paycheck(s) the amount received by me and/or I will be responsible for reimbursement back to the hospital.
- I understand that if the service requirements are not met, I will be liable for the share of the tuition reimbursement outstanding as well as any and all costs of collection.

Employee Name (Please Print)

Employee ID#

Employee Signature

Date