



## EDUCATIONAL ASSISTANCE PROGRAM

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### **Deadlines**

#### **- July 15 -**

*Courses completed January through May.*

#### **- September 15 -**

*Courses completed June through August.*

#### **- February 15 -**

*Courses completed September through December.*

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### **Who can apply for Educational Assistance?**

- Fulltime, part time, and per diem employees who have successfully completed their probationary period.
- Per Diem employees must work a minimum of 32 hours per month while attending school.

### **How much can I receive?**

- Educational assistance is available to a maximum amount of \$500.00 per reimbursement deadline and up to three per year or \$1,500.00.
- Reimbursement will be for tuition and required books.

### **What qualifies for Educational Assistance?**

- The educational program must be related to your position at Enloe or to upgrade to a position in the health care field in a service that is provided at Enloe Medical Center.
- Degree completion only and does not cover individual classes.
- The school must be accredited.
- Distance learning programs will qualify.
- Special Certification reimbursement is only available on a case by case basis. Please contact Recruiting Services for more information.

### **What documents are required to receive assistance?**

- Completed educational assistance application and signed agreement.
- Course completion evidence of a C grade or better.
- Receipts must be from an institution or retail establishment.
- Receipts from private individuals, credit card or bank statements are not acceptable.

### **When and where do I submit my paperwork?**

- You may only submit for reimbursement on the first deadline following the completion of your courses.
  - The deadlines are listed above.
  - Late applications will be denied.
  - Submit your paperwork to the Recruiting Services department at 1601 Esplanade, Suite 4.
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*For more details see the attached agreement as well as the Educational Assistance program policy on MCN. If you have additional questions contact Recruiting Services at 530.332.7143.*

**Educational Assistance Application**

Name \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street / PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Current Position \_\_\_\_\_ Department \_\_\_\_\_

Employee ID number \_\_\_\_\_ Status (circle one) **Per Diem** **Part time** **Fulltime**  
(Located on the front of your badge)

Educational Institution: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Type: \_\_\_\_\_  
(i.e. Associate's/Bachelor's/Master's)

Give a brief explanation of the educational goals you are pursuing and the estimated completion date of those goals:

\_\_\_\_\_  
\_\_\_\_\_

List course titles:

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

How will your course of study assist you in your work at Enloe Medical Center?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tuition \$ \_\_\_\_\_ Books \$ \_\_\_\_\_

- **PLEASE ATTACH: Educational Assistance Program Agreement  
Tuition &/or book receipts  
Evidence of a C grade or better.**
  
- **All items must be received in the Recruiting Services department by the deadline.**



## **EDUCATIONAL ASSISTANCE PROGRAM AGREEMENT**

This agreement entered into this date \_\_\_\_\_ by and between Enloe Medical Center (hereinafter the “Medical Center”) and \_\_\_\_\_ (hereinafter referred to as “Employee”), is set forth in order to assure a spirit of mutual cooperation that will promote the greatest benefit to the Employee, the Medical Center and its patients. The Educational Assistance Program is designed to reimburse the full time, part-time and per diem Employee for tuition and book expenses, up to a maximum of \$500.00 per semester/quarter up to three per year or \$1,500.00/year. For each payment under the program the Employee commits to serve as a staff member for a period of two months at no less than the Employee’s current work schedule.

### **ARTICLE I**

During the term of employment, Employee must abide by all Medical Center rules, guidelines, policies, and procedures as set forth in the Medical Center’s policies, Employee Handbook, and the Employee Job Description. All of the above may be made available to the Employee upon request.

### **ARTICLE II**

In exchange for the acceptance of the Educational Assistance, the Employee agrees:

1. To continue employment for a period of 2 months at a minimum of the employees current schedule upon each payment received. If the work commitment is not met for any reason, the remaining debt will become due and owing.
2. To reimburse the Medical Center all sums advanced in the event the Employee fails for any reason, including involuntary separation of employment, to fulfill the employment obligation referred to in Paragraph 1 of this Article. It is understood this reimbursement obligation shall not apply if failure to fulfill the obligation is caused by reduction of workforce, unavailability of an appropriate position, or transfer to another position within the Medical Center initiated by the Medical Center.

**ARTICLE III**

1. If Employee fails to reimburse the Medical Center any payment required as set forth in Article II in advance of separation of employment, Employee authorizes Medical Center to obtain payment to the extent possible from any sums due to Employee upon separation of employment, including wages earned prior to separation, accrued Paid Time Off, or any other amounts due to Employee. Any moneys due at the time of separation for hours worked will be paid at the current minimum wage rate, and the difference between that rate and Employee's regular rate of pay will be applied to the balance of monies owed. If those available funds do not cover the reimbursement due to the Medical Center, Employee will personally repay the debt on the last day of employment.

2. Any repayment due but not paid within 6 months from the date of separation of employment will be submitted to a collection agency. Employee will be responsible for any legal fees and/or collection costs incurred by the Medical Center in the recovery of those funds.

**ARTICLE IV**

This Agreement shall not be deemed to be an offer or promise of employment or continued employment by the Medical Center and shall not entitle Employee to such employment. Nothing in this agreement should be construed as a guarantee of employment. The sole purpose of the Agreement is to establish the rules necessary for participation in this Educational Assistance program by the Employee.

**ARTICLE V**

The terms of this agreement shall be binding upon both parties, effective the date both parties affix their signatures to this agreement. Any changes in the terms or condition of this agreement shall require thirty (30) days written notice and must be agreed to in writing by both parties.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date