

***Tuition Reimbursement Program available for StoneCrest Employees.***

<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Full-time (min. 32 hrs/wk) StoneCrest Medical Center payroll employee with at least six (6) months of service</li> <li>• Part-time (so designated) StoneCrest Medical Center payroll employee with at least six (6) months of service</li> </ul>
<b>Reimbursable Amounts Based on Grade</b>	<ul style="list-style-type: none"> <li>• Passing Grade = 100%</li> </ul>
<b>Reimbursement Coverage</b>	<ul style="list-style-type: none"> <li>• Tuition, textbooks and registration fees, provided passing grade</li> <li>• NO ADVANCES</li> <li>• Other financial assistance, if received, must be applied first</li> </ul>
<b>Maximum Reimbursement</b>	<ul style="list-style-type: none"> <li>• \$3,000 per calendar year for Full-time employees</li> <li>• \$1,500 per calendar year for Part-time employees</li> </ul>
<b>Class Restrictions</b>	<ul style="list-style-type: none"> <li>• Job/business related</li> <li>• Must be taken through an accredited institution</li> <li>• Classes cannot interfere with job duties</li> </ul>
<b>Application Procedure</b>	<p>Complete application form prior to enrollment and attach information from the school outlining course(s) to be taken. All courses must be approved in writing by the Administrative Officer, otherwise reimbursement will not be granted.</p>
<b>Reimbursement Procedure</b>	<ol style="list-style-type: none"> <li>1. Present grade report, tuition receipt, itemized receipts for textbooks and registration fees, along with a <i>Tuition Reimbursement Form</i>, to your department supervisor and Administrative Officer for approval. Submit the approved form and supporting documentation to the Human Resources department for approval within 45 days of course completion.</li> <li>2. No reimbursement will be made for travel or other expenses relative to class work.</li> </ol>
<b>Pay Back Requirements</b>	<p>If an employee leaves HCA within one year from the last paid reimbursement (other than to accept employment with another HCA affiliate), that expense must be repaid to the company on a pro-rata basis. Employee will owe the hospital one-twelfth (1/12) of said distribution for each month remaining in that 12 month period at the time of separation, such amount to be withheld from employee's last paycheck.</p>

**Tuition Reimbursement Application Form**

Please Print

**Guidelines:** This form must be completed *prior* to enrollment in an Educational Program. The employee and course work must conform to the standards established in the Educational Assistance Policy.

**Employee Name:** \_\_\_\_\_ **Facility Name:** StoneCrest Medical

**Social Security #:** \_\_\_\_\_ **Initial Employment Date:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Course/ Degree:** \_\_\_\_\_

**School Term:**

Beginning Semester (Month and Year): \_\_\_\_\_ Ending Semester (Month and Year): \_\_\_\_\_

**Are you receiving other educational assistance?**  Yes  No

If yes, please enter amount and type: \_\_\_\_\_

How will this course aid you in your current position with StoneCrest Medical Center?

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

I understand that to be eligible for tuition reimbursement, I must first apply any educational assistance received from other sources (VA, scholarships, other employers, etc.). I also understand that for each employed month following the date of my last paid tuition reimbursement expense, one-twelfth shall be waived so that at the end of twelve months, the payment requirement is cancelled. I hereby agree that should I voluntarily leave the employ of the company for any reason (other than to accept employment with another HCA affiliate) within one year from the last paid reimbursement expense, I will be responsible for repaying that expense to the company on a pro-rata basis.

\_\_\_\_\_  
(Employee Signature) (Date)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Supervisor Signature) (Date)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Administrative Officer) (Date)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Human Resources Signature) (Date)

\_\_\_\_\_  
(Type or Print Name)

**Return this completed form to:**  
**StoneCrest Medical Center**  
**Human Resources**  
**200 StoneCrest Boulevard**  
**Smyrna, TN 37167**

## Tuition Reimbursement Form

Please Print

**Guidelines:** After your application has been approved and you have completed the course(s), submit your grade report, tuition receipt and itemized receipts for textbooks, parking and fees, along with the *Tuition Reimbursement Form*, to your supervisor, director or Administrative Officer for approval. The courses taken must match the degree plan filed with your application. Send the approved Tuition Reimbursement Form and supporting documentation to the Human Resources Department within 45 days of course completion.

**Employee Name:** \_\_\_\_\_ **Company Payroll Code #:** \_\_\_\_\_

**Office Telephone #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Status:**  Exempt  Non-exempt **Employee #** \_\_\_\_\_

**Facility:** StoneCrest Medical Center **Department #:** \_\_\_\_\_

**Semester/Quarter:**  Fall  Winter  Spring  Summer

**Dates course(s) ended:** \_\_\_\_\_

### Itemized Fee Description:

Course Title/Number	Tuition Amount	Fees	Textbooks
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
<b>Subtotals:</b>			
<b>Total Amount to be Reimbursed:</b>			

**Employee Signature:** \_\_\_\_\_

(Date)

**Supervisor Signature:** \_\_\_\_\_

(Date)

**Administrative Officer Signature:** \_\_\_\_\_

(Date)

**Please attach all itemized receipts and mail to:**

**StoneCrest Medical Center**  
**Human Resources**  
**200 StoneCrest Boulevard**  
**Smyrna, TN 37167**