

LANCASTER GENERAL HEALTH/PENN MEDICINE Tuition Assistance Application

Employees are required to review the Tuition Assistance Policy and then submit a request for Pre-Approval (or Conditional Approval if MSN-CRNP degree program) in advance of starting any course that is intended to be covered under the Tuition Assistance Policy. Pre-approval provides the applicant an opportunity to verify that participation in the course of study will meet the eligibility requirements for tuition assistance, providing all other conditions of the Policy are met.

This completed application must be received by Melisa Leeds/Payroll no later than 90 days after completion of the course(s) with attached copies of **Final Grade Report** and **Billing statement for the applicable courses, listing "tuition" charges (fees, lab charges, and textbooks, are not reimbursable) and any grants, scholarships or awards not requiring employee repayment.** (Please allow four weeks for payment.)

EMPLOYEE INFORMATION

NAME: _____
 EMPLOYEE NUMBER: _____
 COST CENTER: _____
 TELEPHONE NUMBER: _____
 DEPARTMENT NAME: _____
 HIRE DATE: _____
 JOB TITLE: _____
 FTE: _____

COURSE INFORMATION

School**: _____
 Degree/Certificate Program: _____
 Semester: _____

Course Title	Course Start Date	Course End Date	Credits	Tuition Cost

**Please note that eligible tuition assistance (not including charges for laboratory fees, textbooks and any other applicable fees) for courses completed at Pennsylvania College of Health Sciences will paid directly to them, minus applicable employee taxes.

A copy of the LG Health/Penn Medicine Tuition Assistance Policy has been made available to me. I have read the policy and fully understand my responsibilities, including the expectation that I work at LG Health/Penn Medicine for at least one year following completion of the course(s) listed above.

I understand that all tuition assistance must be treated as taxable compensation, subject to appropriate withholding requirements. The first \$5,250 in tuition assistance in a calendar year is exempt from Federal, Social Security and

Medicare taxes. When assistance exceeds more than \$5,250 in a calendar year, Federal, Social Security and Medicare taxes are required to be deducted. State and local taxes are deducted from all tuition assistance benefits.

I also understand that I may not include in this request any expenses for which I have received, or expect to receive, other forms of reimbursement from grants, scholarships or financial assistance, other than loans, for which I have full responsibility. I must reimburse LG Health/Penn Medicine for all monies received from the Tuition Assistance Policy, if I am not assigned to a .5 (or greater) FTE between the first and last dates of the course, am not assigned to a .5 (or greater) FTE, for one year after the completion of the course and do not receive a grade of C (C- not applicable) or better - undergraduate courses, B (B- not applicable) or better - graduate courses. I will have 90 days to make full repayment, if applicable. If an employee's employment is terminated, due to a position elimination initiated by LG Health/Penn Medicine, the employee will not be responsible for full repayment of any amount due under this Plan to LG Health/Penn Medicine. I understand and agree that I am responsible for satisfying the above amount. I understand and agree that any amount that is due and owing at the time of my separation from employment, regardless of whether my separation was voluntary or involuntary, will be automatically deducted from any PTB payout. I further understand and agree that any amount deducted will be reduced by any federal or state requirements. By signing below, I authorize LG Health/Penn Medicine to deduct from my paycheck any amounts due and owing to LG Health/Penn Medicine.

Employee Signature: _____ **Date:** _____

To be completed by the Department Head:

Course(s) relate to applicant's current position. Yes No
Course(s) prepares applicant for another position at LG Health/Penn Medicine. Yes No
Applicant has been assigned to a .5 FTE, or greater, regular position (for last 6 months). Yes No
Applicant is currently in the disciplinary process or participating in a Process Improvement Plan (PIP). Yes No

I have reviewed the information above and am aware of the course of study for which the applicant is requesting benefits under the Tuition Assistance Policy. I **recommend** the applicant be considered for assistance, providing the applicant and the course meet all the requirements of the Policy.

Department Head Signature: _____ **Date:** _____

For administrative use only: (DO NOT WRITE BELOW THIS LINE)

Date Received: _____

Payroll Check Date to be Paid: _____

Amount to be Paid: _____

Processed By: _____ **Date:** _____