

**LANCASTER GENERAL HEALTH/PENN MEDICINE
Tuition Assistance Pre-Approval and Application**

INSTRUCTIONS

SECTION 1 – Employee completes this section prior to starting any course/certification program

1. Complete Employee Information section
2. Complete Course Information section
3. Sign and date the form
4. Forward to your Department Head for approval

UPON COMPLETION OF COURSE/CERTIFICATION PROGRAM

1. Submit Final Grade Report to Melisa Leeds/Payroll. Include your name and employee number on all documentation.
2. Attach a copy of the Billing statement for the applicable course(s), listing “tuition” costs (fees, lab charges and textbooks are not reimbursable)
3. Attach any grants, scholarships or awards not requiring employee repayment to be utilized towards course payment

SECTION 2 – Department Head completes this section

1. Complete Section 2 of this application
2. Sign and date the application
3. Forward the application to HR Benefits Department

THIS SECTION IS ONLY REQUIRED FOR MSN-CRNP PROGRAMS

SECTION 3 – Director of Advance Practice completes this section

1. Complete Section 3 of this application ONLY UPON ENROLLMENT IN THE MSN-CRNP PROGRAM (one-time completion)
2. Sign and date the application
3. Forward the application to HR Benefits Department

NOTE: Upon receiving Conditional Approval from the Director of Advance Practice, MSN-CRNP program participants must continue to submit pre-approval forms for each course(s)/semester for which they are applying for tuition assistance benefits.

The HR Benefits Department will only notify the employee if the pre-approval and application does not meet the requirements of the Tuition Assistance Policy.

LANCASTER GENERAL HEALTH/PENN MEDICINE
Tuition Assistance Application

SECTION 1: To be completed by the Employee:

EMPLOYEE INFORMATION

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

COURSE INFORMATION

SCHOOL:
DEGREE/CERTIFICATE PROGRAM:

COURSE TITLE (for upcoming semester only)	START DATE	END DATE	CREDITS

**Please note that eligible tuition assistance for courses completed at Pennsylvania College of Health Sciences will be 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. 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. Any balance still owing after deducting from PTB payout, I will have 90 days to make full repayment. 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 amounts due as described above.

Employee Signature: _____ Date: _____

LANCASTER GENERAL HEALTH/PENN MEDICINE
Tuition Assistance Pre-Approval

SECTION 2: To be completed by the Department Head:

1. Degree program/course(s) relates to applicant's current position. Yes No

2. Degree program/course(s) prepares applicant for another position at LG Health. Yes No

Position: _____

3. Applicant is currently working in a regular position (not casual, per diem or temporary position). Yes No

4. Applicant is working in a position that is budgeted at 0.5 FTE or greater. Yes No

5. Applicant is not currently in a disciplinary process. 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 pre-approval and reimbursement, providing the applicant and course meet all requirements of the Policy.

Department Head Signature: _____ Date: _____

SECTION 3: To be completed by Director of Advance Practice: **ONLY REQUIRED FOR MSN-CRNP PROGRAMS**

CONDITIONAL APPROVAL – The applicant and the program of study meet the eligibility criteria. Providing the applicant completes the program and meets all other conditions of the Policy, the applicant shall be reimbursed for the program named in this application.

Director of Advance Practice: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY: Do not write below this line.

Date Received: _____

Processed By: _____