

Tuition Reimbursement Form

Please complete the entire form and return to Human Resources. The form must be signed by employee manager before being submitted.

Employee Name: _____ Hire Date: _____

Position/Title: _____ Employee ID#: _____

Department: _____

Manager Name: _____

University Name: _____ Degree Program: _____

Class Start Date: _____ Class End Date: _____

Course Name: _____

Describe how this degree path will be utilized in your career with UofL Health?

Once you have completed pages 1 & 2, please send this and all required documentation to HRFYI@ulp.org to be processed. All correspondence regarding this request will be through the employee's work email address. The Tuition Reimbursement form must be submitted at least 4 weeks prior to the start of the course.

Employee Signature

Date

Manager Signature

Date



Tuition Reimbursement Form

Employee Agreement

In consideration of reimbursement, the employee must agree to the following:

Tuition reimbursement is available to all benefit-eligible employees. Below are the details for annual amounts available:

- Full-time employees pursuing a degree that will lead to a professional license in the medical field are eligible to receive up to \$4,000 per calendar year. For part-time employees, this amount is pro-rated according to authorized hours for the position at the time the course is ending.
- Full-time employees pursuing a degree that will not lead to a professional license in the medical field are eligible to receive up to \$3,000 per calendar year. For part-time employees, this amount is pro-rated according to authorized hours for the position at the time the course is ending.

The final grade of “B” or higher must be received to receive the full eligible reimbursable amount. Courses with the final grade of “C”, “D” or “F” will not be reimbursed. Final grades must be submitted to Human Resources within fourteen (14) days of completion of the course. Documents received after fourteen (14) days may be denied for reimbursement.

The tuition reimbursement agreement does not create a contract of employment between you and UofL Health. The employee may terminate his/her employment with the organization at any time with or without cause, and UofL Health may terminate the employee’s employment at any time with or without cause.

From the date of the reimbursement, the employee must commit to work for UofL Health for 12 months. This 12-month commitment will be applicable for each reimbursement that is received.

If the employee voluntarily terminates employment with UofL Health prior to fulfilling their employment commitment, the employee is responsible to repay any tuition reimbursement funds that have been received. The employee will receive an invoice for the amount due, and payment in full will be expected no later than thirty days from the date of invoice. Legal prosecution may be pursued, as necessary, to collect any monies owed to UofL Health due to breach of agreement. A new contract must be completed each time a reimbursement is requested.

Employee Signature

Date

A large, solid red shape in the bottom right corner of the page, resembling a stylized wave or a corner graphic.

Tuition Reimbursement Form

INTERNAL HR USE ONLY

Required Documents – ALL must be attached for reimbursement:

- Manager Signature
- Official Course Description
- Degree Audit/Transcript
- Detailed Tuition Invoice

Is employee approved for Tuition Reimbursement?

- Yes
- No

If no, please list the reason for denial:

Date reimbursement sent to Payroll for processing:

Please sign to confirm all documents and signatures needed have been obtained and the Tuition Reimbursement has been submitted to Payroll.

Benefits Specialist Signature

Date

Benefits Manager Signature

Date