



TUITION ASSISTANCE APPLICATION

It is the policy of the Johns Hopkins Home Care Group (JHHCG) to invest in the continuing education of its employees, and to promote learning new job related skills and knowledge, in an effort to advance employees' career opportunities within the Johns Hopkins Health System. Tuition assistance includes tuition reimbursement or tuition advancement. Tuition reimbursement is payment made to the employee after completion of an approved course. Tuition advancement is payment made to the education institution before the start of an approved course.

Please select which application assistance you are requesting: _____ Reimbursement **or** _____ Advancement

Name: _____ Phone #: _____

Company: _____ Supervisor: _____ Director: _____

Date of Hire: _____ Hrs. Scheduled Per Week: _____ Position/Title: _____

Have you received disciplinary action within the past 12 months (written warning /suspension)? _____ YES **or** _____ NO

College/University Attending: _____ Major: _____

College/University Complete Mailing Address: _____

Select which level of course work you are taking: _____ Undergraduate _____ Post-Graduate _____ Doctoral

Select which type of course work you are taking: _____ Credited _____ Non-Credited _____ Vocational _____ Challenge Exam

Course Title(s): _____

Course Start Date: _____ Course Completion Date: _____ Tuition Requested: _____

Have you received tuition assistance previously: _____ YES **or** _____ NO If yes, how much? _____ When: _____

Briefly explain how the above course(s) are work-related, and/or enhance your skills:

Supporting documentation must be attached to this application for it to be considered complete. Missing documentation may result in application denial or delay. For tuition reimbursement or advancement, the employee must attach an original and/or legible copy of the tuition invoice and course description. For tuition reimbursement requests, the employee must also submit a receipt from the education institution. Human Resources will not return grades, invoices or receipts.

AGREEMENT: I understand that my signature below indicates that if I fail to meet the requirements of the Tuition Assistance Policy, I will be obligated to repay the amount, advanced or reimbursed, either through payroll deduction, from other amounts JHHCG owes me, or other legal means. I understand that by applying for tuition assistance, I agree in advance (as part of the application/approval process) to work for JHHCG for a period of six (6) months following the completion of any courses taken. In addition, upon completion of a degree program for which I receive assistance, I agree to work for JHHCG for a period of one year after degree completion. I understand that if my employment terminates or I reduce my weekly scheduled hours to less than 30 hours per week, I am not eligible for advancement or reimbursement and agree to pay back any tuition assistance funds received for that semester. I also agree to submit the final course grade(s) to Human Resources no later than one month after the course completion. I have been given a copy of the Tuition Assistance Policy and fully understand this benefit and agree to the terms of the Policy.

Employee's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

This request has been approved for reimbursement/advancement in the amount of: \$ _____

HR Director's Signature: _____ Date: _____