

EDUCATIONAL ASSISTANCE PROGRAM

DEADLINES

- **July 15** – Courses/Certification completed January through May.
- **Sept. 15** – Courses/Certification June through August.
- **Feb. 15** – Courses/Certification September through December.

Who can apply for Educational Assistance?

- Full-time, part-time, and per diem employees who have successfully completed their probationary period.
- Per diem employees must work a minimum of 32 hours per month while attending school.

How much can I receive?

- Educational assistance is available to a maximum amount of \$1,500 per year.
- For degree completion, as much as \$500 per reimbursement deadline.
- For certification completion, as much as \$1,500 per certification.
- Reimbursement will be for tuition, required books, course fees and certification test costs.

What qualifies for Educational Assistance?

- The educational program must be related to your position at Enloe or to upgrade to a position in the health care field in a service that is provided at Enloe Health.
- Degree (does not cover individual classes) and certification completion.
- The school must be accredited.
- Distance learning programs will qualify.
- Special certification reimbursement is only available on a case-by-case basis. Please contact Recruiting Services for more information.
- This does not apply to any certifications offered by the employer which may include ACLS, PALS, BLS, CHEMO, etc.
- This does not apply to certifications required on your current job description.
- Renewal certification costs are not included.

What documents are required to receive assistance?

- Completed educational assistance application and signed agreement.
- For degree completion, course completion evidence of a “C” grade or better.
- For certificate completion, evidence of passing and receiving certification.
- Receipts must be from an institution or retail establishment.
- Receipts from private individuals, credit card or bank statements are not acceptable.

When and where do I submit my paperwork?

- You may only submit for reimbursement on the first deadline following the completion of your courses.
- The deadlines are listed above.
- Late applications will be denied.
- Submit your paperwork in person to 2080 E. 20th St., Suite 100, Chico, CA 95928. You may also send paperwork via interoffice mail or by mailing it to 1531 Esplanade, Attn: Human Resources, Chico CA 95926.

For more details, see the attached agreement as well as the Educational Assistance program policy on MCN. If you have additional questions, contact Human Resources at 530-332-7344.

Educational Assistance Application



Name _____ Date of Hire _____

Mailing Address _____
STREET / P.O. BOX CITY STATE ZIP

Telephone (_____) _____

Current Position _____ Department _____

Employee ID number _____ (LOCATED ON THE FRONT OF YOUR BADGE) **Status:** Per diem Part-time Full-time

Select one: Degree completion Certification completion

Educational Institution _____

Program/Major _____ Degree or Certification Type _____
(I.E., ASSOCIATE'S/BACHELOR'S/MASTER'S/CERTIFICATION)

Give a brief explanation of the educational goals you are pursuing and the estimated completion date of those goals.

List course title(s).

How will your course of study assist you in your work at Enloe Health?

Tuition \$ _____ Books \$ _____ Testing Fees \$ _____

- PLEASE ATTACH:**
- Educational Assistance Program Agreement
 - Tuition, book receipts, course fees and/or certification test costs
 - Evidence of a "C" grade or better, or evidence of certification completion

All items must be received in the Human Resources department by the deadline.

Educational Assistance Program Agreement



This agreement, entered into this date _____ by and between Enloe Health, and _____ (hereinafter referred to as "Employee"), is set forth in order to assure a spirit of mutual cooperation that will promote the greatest benefit to the Employee, Enloe Health and its patients.

The Educational Assistance Program is designed to reimburse the full-time, part-time and per diem Employee for tuition, book expenses, course fees and testing fees, up to a maximum of \$500 per semester/quarter up to three per year, or \$1,500 per year. For each payment under the program the Employee commits to serve as a staff member for a period of two months at no less than the Employee's current work schedule.

ARTICLE I

During the term of employment, Employee must abide by all Enloe Health rules, guidelines, policies, and procedures as set forth in Enloe Health's policies, Employee Handbook, and the Employee Job Description. All of the above may be made available to the Employee upon request.

ARTICLE II

In exchange for the acceptance of the Educational Assistance, the Employee agrees:

1. To continue employment for a period of 2 months at a minimum of the employee's current schedule upon each payment received. If the work commitment is not met for any reason, the remaining debt will become due and owing.
2. To reimburse Enloe Health all sums advanced in the event the Employee fails for any reason, including involuntary separation of employment, to fulfill the employment obligation referred to in Paragraph 1 of this Article. It is understood this reimbursement obligation shall not apply if failure to fulfill the obligation is caused by reduction of workforce, unavailability of an appropriate position, or transfer to another position within Enloe Health initiated by Enloe Health.

ARTICLE III

1. If Employee fails to reimburse Enloe Health any payment required as set forth in Article II in advance of separation of employment, Employee authorizes Enloe Health to obtain payment to the extent possible from any sums due to Employee upon separation of employment, including wages earned prior to separation, accrued paid time off, or any other amounts due to Employee. Any monies due at the time of separation for hours worked will be paid at the current minimum wage rate, and the difference between that rate and Employee's regular rate of pay will be applied to the balance of monies owed. If those available funds do not cover the reimbursement due to Enloe Health, Employee will personally repay the debt on the last day of employment.
2. Any repayment due but not paid within 6 months from the date of separation of employment will be submitted to a collection agency. Employee will be responsible for any legal fees and/or collection costs incurred by the Medical Center in the recovery of those funds.

ARTICLE IV

This Agreement shall not be deemed to be an offer or promise of employment or continued employment by Enloe Health and shall not entitle Employee to such employment. Nothing in this agreement should be construed as a guarantee of employment. The sole purpose of the Agreement is to establish the rules necessary for participation in this Educational Assistance program by the Employee.

ARTICLE V

The terms of this agreement shall be binding upon both parties, effective the date both parties affix their signatures to this agreement. Any changes in the terms or condition of this agreement shall require thirty (30) days' written notice and must be agreed to in writing by both parties.

Print Name _____ Employee ID Number _____

Employee Signature _____ Date _____