

APPLICATION FOR TUITION ASSISTANCE LOAN

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Upon completion of 12 months of employment, regular full-time employees are eligible to participate in the tuition reimbursement loan program receiving up to \$1,000. Repayment is made in bi-weekly installments at a minimum of \$40 per pay period through payroll deduction.

Instructions:

1. Eligible employees may apply by completing this application and returning to his/her Department Manager with copies attached copies of:
 - CEU certification/record,
 - or program objectives, and
 - verification of cost
 - Employee complete and sign repayment agreement on reverse of this page
2. Manager make appropriate written comments, sign if approved, and route to appropriate Leadership Team Member
3. Leadership Team Member sign if approved, and route to Human Resources Manager
4. Human Resources Manager sign if approved, and route to Chief Executive Officer
5. Chief Executive Officer sign if approved, and return to Human Resources Manager
6. Human Resources Department route copies to employee, personnel file, and Accounts Payable for processing
7. Original to be kept in Tuition Assistance Folder

Employee Name: _____ Hire Date: _____

Current Job: _____ Department: _____

<u>Name and Provider/Sponsor of Course</u>	<u>Date Course Begins</u>	<u>Date Course Ends</u>	<u>Tuition/Fees</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Note: If attending school, a copy of the acceptance letter from the school must accompany this application.

Explain briefly the reason for taking the course: _____

Loan Amount Requested: _____

(Not to exceed \$1,000. Additional loans not allowable until outstanding loans are repaid in full.)

Employee Signature: _____ Date: _____

Manager's Comments: _____

Tuition Assistance Approval Signatures:

Departmental Manager: _____ Date: _____
 Leadership Team Member: _____ Date: _____
 Human Resources Manager: _____ Date: _____
 Chief Executive Officer: _____ Date: _____

(IMPORTANT – OVER PLEASE!)

TUITION ASSISTANCE LOAN AGREEMENT

I, the undersigned, have been accepted to complete the attached course(s). I understand that I am receiving assistance in the amount for which I have applied. Repayment will be in bi-weekly installments (by payroll deduction) effective with the first pay period after the process on the reverse of this document is completed.

Should my employment with Lucas County Health Center be terminated within one year upon completion of the course, I understand my obligation to reimburse the Health Center for the remaining balance of the loan within 60 days plus 10% interest.

I further understand that if I fail to successfully complete the course, I will be obligated to repay the entire amount of the loan within 60 days of such occurrence, plus 20% interest.

Amount deducted each pay period: _____
(minimum \$40.00 at no interest)

Employee's name (please print): _____

Employee's signature: _____ Date: _____