

Tuition Reimbursement Request Form

The following constitutes the Tuition Reimbursement Agreement bet to as the Recipient, and Meridian Behavioral Healthcare Inc., hereafte			_ herein after referred	
Section I: General Information				
ast Name: First Name:				
Position Title: DOH:				
Are you receiving any VA benefits or other educa	tional support	? Yes 🗌 No 🗀		
If yes, what assistance				
Section II: Educational Institution & Course	Work			
College/University:				
Term: Dates: form must be completed each semester/term. Request not to exceed				
Course Name	Course #	Credits/Units	Tuition Cost	
1			\$	
2			\$	
Estimated Cost of Books			\$	
Total Maximum Reimbursement Requested			\$	
What degree or certification does the course world	k lead to?			
How will the course work provided improve your provided investment that MBH will receive?	performance to	o MBH and what is t	he return on	
Section III: Reimbursement Terms and Cond	itions			
MBH agrees to reimburse the recipient the follow coursework and textbooks: Grade A 100% Grade B 75% Grade C 50% Grade		_	de obtained for	

payment (name of course, course	e recipient must submit transcript ase number, date taken, etc.) to Hunent of fundsrecipient initials	• • • • • • • • • • • • • • • • • • • •		
course work and 24 months for the event of default, recipient au	Ill-Time Employee of Meridian for graduate course work, after receipnenthorizes MBH to deduct the require TO deduction is insufficient, recipions.	ot of reimbursement funds. In red payback amount from PTO		
Tuition payback will be based or	n the amount of <u>time remaining</u> on	your agreement as follows:		
Months/Time Remaining	Months/Time Remaining	Amount Owed		
Undergraduate	Graduate			
12-9	24-18	100%		
8-6	17-12	75%		
5-3	11-6	50%		
Less than 3	Less than 6	25%		
Printed Name of Recipient Employee Printed Name of 1st Level Supervisor Printed Name of 2nd Level Supervisor		sor Date		
Human Resources Training & Development Use Only!				
***Items below must be verified by Training & Development prior to submission to Approval Authority.				
 □ Employee meets eligibility of benefit □ Verification of Institution Accreditation □ Form completed in entirety □ Estimated reimbursement available in Tuition Reimbursement Budget _ Training & Development Manager Initials 				
Approval Authority:				
Approved Not Appro	ved *reason if not approved			
Printed Name Senior VP Human Resc	ources Signature of Senior VP Human F	Resources Date		