



Virginia Commonwealth University Health System Employee Educational Assistance Form

VCU Classes

Non-VCU Classes

SECTION ONE: EMPLOYEE DATA (Please Print)

Name: Employee ID: Job Title: Social Security #: Department: MAS Work Box Number: Work Pager: Work Phone:

Email Address: Fax Required: Employment Status: Full Time with Benefits (works >34 hrs/wk) Part-Time with Benefits (works 20-34 hrs/wk) Nsg Scholar Program Employee Paid by: MCVH MCVP Jointly paid by VCU/VCUHS Housestaff Employment Category: Classified (eligible for overtime) Salaried/Faculty (not eligible for overtime)

Special Instructions: All courses must be taken for credit. Educational assistance covers the cost of the course at the standard in-state undergraduate and graduate rates. Full-time employees are limited to six credit hours per semester (three credit hours for part-time employees). Courses must be related to the VCUHS mission. Tax-free tuition assistance is limited to IRS mandated allowances (for FY 05-06 \$5,250) annually. Consult a tax advisor regarding how to claim assistance beyond \$5,250.

SECTION TWO: COURSE DATA (Please Print)

All requested data must be provided before approval can proceed.

Course Title: Semester Year Course # Number of Credits How Course Relates to Position/Mission: Is this course part of a degree seeking program? Yes No Course Cost: Academic Department Section Number Class Time: Print Name of Educational Institution: VCU Other (Name) Taxpayer ID # Begin Date: End Date: Course Level: Undergraduate Graduate Post Graduate

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I understand that VCUHS will automatically deduct the cost of tuition from my paycheck(s) in four payroll deductions if I: 1. separate from employment, reduce employment status from full to part-time, change to a non-benefit position prior to the successful completion of the course(s); or 2. fail to complete the course(s) requirements successfully with a grade of "C" or better or "pass" in a pass/fail course; or 3. withdraw from the course(s) at any time during the semester or session thus incurring a cost for the course.

I certify that the information above is true and correct to the best of my knowledge. Further more I authorize reimbursement of educational assistance through payroll deduction for loss of eligibility as noted above. I will be responsible for all costs associated with collection if that becomes necessary. I also give authorization to VCUHS to receive confirmation of my grade for the classes noted above directly from the school.

Employee Signature: Date:

SECTION THREE: EFFECT ON WORK SCHEDULE

(This statement to be completed by employee) This class will or will not have an effect on my work schedule. If it may have an effect, explain:

(This section to be completed by manager) I agree to the above request for a change in schedule for the period of this course(s) I cannot support the above request for a change in schedule as noted above. Employee's schedule will not be changed. I agree to the following change in schedule only: No change in schedule is required by this request.

Signature of Manager: Date:

SECTION FOUR: HUMAN RESOURCE APPROVAL/D ENIAL

Last evaluation rating was proficient? Yes No No formal DAF in the past 12 months. Yes No Approved by Human Resources Denied by Human Resources Date of review Reason for denial: Does not qualify based on last evaluation rating Does not qualify based on disciplinary action record Class(es) do not apply to mission Employee has not provided grades of last class for reimbursement consideration Amount to be Paid Date sent to Accounting HR initials

## INSTRUCTIONS FOR REQUESTING EDUCATIONAL ASSISTANCE

1. Complete all applicable sections of above form. PRINT data legibly.
2. For classes at VCU, you do not need to submit the cost of the course.
3. For classes outside VCU, in addition to this form, you will need to submit documentation to support the cost per credit hour of the course or the cost of the course, what type of credit to be given for the course and specified time frame so an equivalent credit hour can be determined. For educational institutions that are on-line or not associated with a know university, college or technical school, you may also be asked to submit documentation related to the accreditation status of the institution. For payment purposes, the school's taxpayer ID number also needs to be included. You may need to call the school for that information.
4. Submit the completed form and documentation to your manager for approval regarding the impact on your work schedule. Managers are NOT required to change your work schedule to accommodate your class time or clinical requirements for a course.
5. After manager approval, submit form and documentation to Benefits Office, Department of Human Resources, PO Box 980066 or fax to 628-0155 for approval. If you are taking a class outside VCU, request a letter to submit to your school regarding payment options. Include a **return fax number** either for you or your school.
6. HR will return the approval to you either by fax or through campus mail using the information you provide.
7. Approvals must be given before the class is taken.
8. You must submit a copy of your grade to HR upon completing the course. Failure to do so could impact your eligibility for future educational assistance.
9. If you withdraw from the class, make less than a "C," or otherwise become ineligible for this benefit, you must repay the cost of this course before you can request approval for another course.

The following schools have agreed to bill us for classes. You must give them a copy of the approval letter from VCUHS at the time of registration in order for them to bill us. This applies to the following:

VCU (no letter needed, just turn in your approved educational assistance form)  
J Sargeant Reynolds Community College  
John Tyler Community College  
University of Phoenix  
Averett University  
Strayer University  
Bryant & Stratton University  
Old Dominion University