

Ensign Affiliate Tuition Reimbursement Program Application & Policy

Within sixty (60) days of completing your course(s), complete this 2-page application for the classes in which you request reimbursement and send to benefits@ensignservices.net with Subject: **Tuition Reimbursement – Name & ID** and please CC your ED/Manager approving your request.

PLEASE PRINT — illegible writing may delay the processing of your application.

Employee Data

First Name _____ Last Name _____ Employee ID _____

Hire Date: Month ____ Day ____ Year ____ Employment Status: Full-Time Part-Time

Home Phone (_____) _____ Work Phone (_____) _____

School Data

School Name _____ City _____ State _____

Degree Sought:

Associate Bachelor Graduate Certification CEU's Major/Certification _____

Expected graduation date (mm/yy): _____

Eligible expenses include tuition, fees associated with enrollment, and books. Fill out expenses you wish to be reimbursed for below.

Course Number	Course Title	Number of Credits	Course Dates (Month/Day/Year)		Tuition Costs	Book Costs	Grade
			Start	End			
			/ /	/ /	\$	\$	
			/ /	/ /	\$	\$	
			/ /	/ /	\$	\$	

I am... I am not... receiving other financial aid such as scholarships, grants, or V.A. benefits.

Type of financial aid (if any) _____ Amount of aid (if any) \$ _____

Employee Verification and Authorization

I acknowledge I have answered all questions truthfully and accurately. I understand that falsification, misstatement, or omission of information on this application will lead to disqualification for receipt of tuition reimbursement benefits and/or may result in disciplinary action up to and including termination of my employment. I authorize the educational institution named in this application to release transcript and fee information to Ensign Services, Inc., if requested. I acknowledge the reimbursement will be taxed. If I am terminated, or I voluntarily terminate employment within one year after my last reimbursement, I acknowledge monies distributed in the prior twelve (12) months will be deducted from my final check. If there is a remaining balance, I will be responsible for repaying monies within thirty (30) days from the last day of employment to my location.

Employee Signature _____ Requested Reimbursement amount \$ _____ Date ____/____/____

Approval - Executive Director or Manager (Service Center/Cornet Employees only)

I certify the employee meets all the eligibility requirements of the Program and is pursuing a program of study that (1) is job-related or (2) enhances the skills relevant to the employee's current position or prepares the employee for future assignment within the company. I also verify that the employee is a full-time or part-time employee who has successfully completed one year of employment and has received a satisfactory or higher rating in each category on the last performance review.

ED/Manager Name (PRINT) _____ Signature _____

Approved Reimbursement amount \$ _____ Date ____/____/____

Documents Required for Reimbursement

- Transcripts – Certified transcripts from educational institution
- Fee statement from school itemizing tuition and fees for each course — must include the student and school's names
- Receipts for textbooks – receipts must have the seller's name imprinted

PLEASE EMAIL YOUR COMPLETED FORM TO benefits@ensignservices.net



Ensign Affiliate Tuition Reimbursement Policy

The Ensign Affiliate Tuition Reimbursement Program is available to active Ensign affiliate employees, both full-time and part-time, who have completed one year of employment by the course start date and have received satisfactory or higher marks in their most recent performance review. The Ensign-affiliated location at which the employee works must also be participating in this Program (affiliate employees should confirm participation with your Executive Director).

Full-time employees may receive up to \$1,000 per calendar year and part-time employees may receive up to \$500 per calendar year. Eligible expenses include tuition, fees associated with enrollment and books. Any financial aid such as scholarships, grants, or V.A. benefits received by the employee will be deducted from the total allowable expense.

Employees may take courses towards earning certificate education units (CEU's), certification, associate, baccalaureate, or graduate degree programs at an accredited school.

For undergraduate programs, a grade of C- or better (or pass on a pass/fail system) must be earned and for graduate programs, a grade of B- or better is required.

The employee must submit their completed application to the Benefits Department at benefits@ensignservices.net within sixty (60) days of finishing the course(s). **Service Center** and **Cornet employees** must have their manager approve the application and amount requested after grades are posted for the course(s). **Ensign-affiliated employees** must have their Executive Director approve the application and amount requested grades are posted for the course(s).

The reimbursements are processed in conjunction with the Ensign Services Payroll Department and will be taxed. The processing time for reimbursements can vary depending on the number of applications received. While we strive to handle all requests promptly, please note that the timeline is flexible and may be adjusted as needed.

The Ensign Services Benefits Department administers the program on behalf of Ensign-affiliated locations.

I have read and understand the terms and conditions outlined in this policy. By signing below, I agree to comply with the provisions stated herein.

Employee Signature _____ **Date:** ____/____/____

ED/Manager Signature _____ **Date:** ____/____/____