EDUCATION ASSISTANCE

I. POLICY

Monongahela Valley Hospital provides educational assistance for courses that are appropriate to an employee’s job.

II. DEFINITIONS

A. Program

A group of courses and requirements designed to qualify a student for a certificate, registration, degree or diploma that is deemed appropriate to the employee’s job.

B. Course

1. Formal instruction with accredited post-secondary educational institution which is deemed appropriate to the employee’s job.

C. Appropriate To the Employee’s Job

A Program or course taken to:

1. Improve or maintain skills that are required in the employee’s job.
2. Meet a requirement to retain an employee’s job status and rate of pay.
3. Prepare the employee to meet the requirement of a healthcare occupation that is currently employed by Monongahela Valley Hospital.
D. Tuition Educational Assistance

1. Money provided to an employee for tuition expenses incurred for approved courses. Education assistance is provided for tuition expenses only. Lab fees, activity fees, administrative fees, books, materials, or any other expenses are not eligible for education assistance payment. Repeated attempts to secure payment for expenses other than tuition may result in disciplinary action up to and including future ineligibility for this benefit or termination from employment.

III. RESPONSIBILITY

A. Employee

An employee desiring educational assistance for further education is responsible for the following:

1. Initiating a request (on forms provided by the Human Resources Department) for education assistance prior to enrolling in the course.
2. Submitting a request (on forms provided by the Human Resources Department) for tuition reimbursement after completion of the course.
3. Providing the necessary information and documentation for approval of the course and for payment of tuition expenses, including a detailed invoice that lists tuition costs separately. Note: Excludes, student union fees, activity fees, lab fees, etc. Tuition expense is the only cost that is reimbursable.
4. Submission for expenses other than tuition costs are grounds for disciplinary action including termination.

B. Management Forum Member/Nurse Manager

The Management Forum Member/Nurse Manager of an employee desiring education assistance is responsible for approving the course for which assistance is requested and for approving the request for tuition reimbursement if appropriate.

C. Education Department

The Education Department is responsible for offering guidance on the evaluation of a desired course and criteria for judging its eligibility for education assistance.
D. Human Resources Department

The Human Resources Department is responsible for the general administration and explanation of this policy, including the processing of necessary paperwork and the approval of requests for assistance or reimbursement.

IV. REGULATIONS

A. Course Coverage

1. Courses for which employee might be eligible for education assistance includes:
   a. Degree course
   b. Special courses (Certifications, Oncology, Rehabilitation, Critical Care, Med/Surg, etc.)
   c. Business school courses

2. The following types of education are not eligible for tuition reimbursement:
   a. Seminars, workshops, etc. - These programs may be considered by the Management Forum Member/Nurse Manager for payment through the Meetings and Travel Account.
   b. Correspondence courses, unless the course content is not available from local education institutions.
   c. Any course paid for by non-hospital sources (this includes veteran's benefits, grants, etc.).

B. Employee Eligibility for Education Assistance

1. Employees who meet all of the following criteria are eligible for Educational Assistance:
   a. Are employed in a regular full-time or regular part-time status and;
   b. Have completed six (6) months of continuous service prior to the scheduled first day of class.

2. An employee who is on a Medical Leave of Absence due to a work related injury or emergency medical condition is eligible to receive educational assistance payment upon his/her return to work provided:
   a. The course was approved prior to the injury or medical condition.
b. Classes started prior to the injury or medical condition.
c. If a medical condition, the absence is a result of an emergency or unanticipated condition; absences due to elective medical procedures do not meet the provisions of this policy.
d. The employee is able to successfully complete the course under the provisions of this policy.
e. The employee may not apply for additional course approval until he/she returns to work.

C. Expense Coverage

Coverage for employees is limited to the reimbursement of tuition expenses as follows:

1. **Regular Full-Time Employee - Non-Union**
   Reimbursement will be paid at the rate of 100% of the tuition paid per Credit Hour (provided the grade is a "C" or better or "pass" in a pass-fail system) not to exceed nine (9) credits per academic year. (September 1 - August 31). Date of payment will determine which academic year the payment will be applied.

2. **Regular Full-Time Employees - Union**
   Union employees are paid at the rate of 100% of the tuition paid, not to exceed nine (9) credits or $1000 per contract year (July 1 to June 30). Date of payment will determine which contract year the payment will be applied.

3. **Part Time Employees - Non-Union Employees**
   Reimbursement will be paid at the rate of 100% of the tuition paid per credit (provided the grade is a "C" or better or "pass" on a pass-fail system) not to exceed the following credits:

<table>
<thead>
<tr>
<th>Hours Worked In Previous Calendar Year</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 831</td>
<td>0</td>
</tr>
<tr>
<td>832 to 1,247</td>
<td>3</td>
</tr>
<tr>
<td>1,248 or more</td>
<td>6</td>
</tr>
</tbody>
</table>

4. **Part Time Employees - Union Employees**
   Part-time union employees are not eligible for this benefit.
D. Payment of Education Assistance

1. Education assistance will not be made until the employee submits a written request accompanied by documentation of the grade received, proof of payment and an itemized statement from the educational institution.

2. All education assistance payments will be paid utilizing direct deposit.

3. The employee is not permitted to “assign” education assistance payments to an educational institution.

4. Per IRS Regulation, any education assistance payment that exceeds a total of $5,250 per calendar year is subject to Federal Income Tax withholding.

V. PROCEDURE

A. Program Approval

1. The employee will complete the Education Assistance Program application form in its entirety.

2. The Management Forum Member/Nurse Manager will approve the form by signing and dating the form on the appropriate line and forward to the Benefits Coordinator in the Human Resources Department.

3. The Benefits Coordinator will approve the form by signing and dating the form and retaining the form in the Human Resources Department. The Senior Vice President for Human Resources will be notified.

4. The Benefits Coordinator in the Human Resources Department will notify the employee in writing of either program approval or denial.

B. Course Approval

1. The employee will complete the following lines on the education assistance form:
   a. Name and department
   b. School, college or university
   c. Program (circle course approval)

2. The Management Forum Member/Nurse Manager will approve the form by signing and dating the form on the appropriate line and forward to the Benefits Coordinator.

3. The Benefits Coordinator will approve the form by signing and dating the form and retaining the form in the Human Resources Department.

4. The Benefits Coordinator will notify the employee in writing of either the course approval or denial.
C. Request for Tuition Reimbursement

1. A course approval must have been submitted and approved.
2. The employee will complete the following lines on the education assistance form:
   a. Name, job title, and department
   b. School, college, or university
   c. Program
   d. Courses and credits
   e. Total amount paid for the course(s)
      (Note: tuition only will be reimbursed)
   f. Amount to be reimbursed
   g. Employee’s signature (circle tuition reimbursement)

   The employee must attach a proof of payment plus an itemized statement to the form.

3. The Management Forum Member/Nurse Manager will approve the form by signing and dating the form on the appropriate line and in the event the request is denied by the Management Forum member the request will be forwarded to the Vice President for Human Resources for further review.

4. The Benefits Coordinator will approve the form by signing and dating the form. The Benefits Coordinator will forward the form to the Vice President/Controller for payment.

5. The Vice President for Human Resources or designee will notify the employee if approval is denied.
**Union Employee**

**MONONGAHELA VALLEY HOSPITAL, INC.**

**EDUCATIONAL ASSISTANCE**

**ALL COPIES MUST BE LEGIBLE – PRINT or TYPE FORM**

1. Name ____________________________
   Vendor No. ____________________________ (For A/P Use Only)
   Job Title ____________________________ Department ____________________________

2. School, College or University ____________________________

3. Program ____________________________

4. Course ____________________________ Credits ____________________________
   Started ____________________________ Completed ____________________________
   Course ____________________________ Credits ____________________________
   Started ____________________________ Completed ____________________________
   Course ____________________________ Credits ____________________________
   Started ____________________________ Completed ____________________________

5. Total Amount Paid for Course $_____________ (This does not include lab fee, etc.)

6. Amount to be Reimbursed $_____________ (100% of tuition or $1000) (Maximum 9 Credits)

7. **Submitted by:**

   Employee’s Signature ____________________________ Date ____________________________

8. **Approved by:**

   Department Head ____________________________ Date ____________________________
   Senior Vice President for Human Resources ____________________________ Date ____________________________
   Benefits Coordinator ____________________________ Date ____________________________
   Vice President/Controller ____________________________ Date ____________________________

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Please check one of the following for which you are applying:

- [ ] Course Approval - Complete Lines 1, 2, 4 & 7
- [ ] Tuition Reimbursement - Complete Lines 1, 2, 4, 5, 6 & 7

**FACTS:**

Nine (9) Credits Per Year. July 1 to June 30 - Payment Determines Year or Maximum $1000

All reimbursement request forms must:

1. Attach a copy of course approval.
2. Attach invoice stating amount of tuition per credit.
3. Attach receipt for payment or cancelled check.
4. Attach copy of grade transcript.
5. ALL copies need to be signed both by employee and department manager.
ALL COPIES MUST BE LEGIBLE – PRINT or TYPE FORM

1. Name ____________________________________________________________
   Vendor No. ________________________________________________________ (For A/P Use Only)
   Job Title __________________________________________________________
   Department _______________________________________________________

2. School, College or University _______________________________________

3. Program _________________________________________________________

4. Course Started ______________ Completed ______________ Credits ______
   Course Started ______________ Completed ______________ Credits ______
   Course Started ______________ Completed ______________ Credits ______

5. Total Amount Paid for Course $______________ (This does not include lab fee, etc.)

6. Amount to be Reimbursed $______________ (100% of tuition) (Maximum 9 Credits)
   99020-1509

7. Submitted by:
   Employee’s Signature __________________________ Date __________

8. Approved by:
   Department Head __________________________ Date __________
   Senior Vice President for Human Resources __________________________ Date __________
   Benefits Coordinator __________________________ Date __________
   Vice President/Controller __________________________ Date __________

Please check one of the following for which you are applying:
☐ Course Approval - Complete Lines 1, 2, 4 & 7
☐ Tuition Reimbursement - Complete Lines 1, 2, 4, 5, 6 & 7

FACTS: Nine (9) Credits Per Year. September 1 to August 31 - Payment Determines Year
All reimbursement request forms must:
1. Attach a copy of course approval.
2. Attach invoice stating amount of tuition per credit.
3. Attach receipt for payment or cancelled check.
4. Attach copy of grade transcript.
5. ALL copies need to be signed both by employee and department manager.
### Attachment I

<table>
<thead>
<tr>
<th></th>
<th>Bachelor Technical Degree</th>
<th>Masters Technical Degree</th>
<th>Bachelor Degree Business</th>
<th>Masters Degree Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Management</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Management Forum</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Supervisors</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Professional Staff</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

X = Indicates program/course eligibility for various employee levels
MONONGAHELA VALLEY HOSPITAL, INC.
EDUCATIONAL ASSISTANCE PROGRAM APPLICATION

Name: ____________________________  Job Title: ____________________________

Department: ____________________________  Phone Ext. __________  E-Mail: ____________________________

School, College, or University: ____________________________  Program: ____________________________

Please describe how this program will help you develop personally (with your life-goals) and professionally in your current position with Monongahela Valley Hospital.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Submitted by: ____________________________  Employee’s Signature ____________________________  Date __________

Program Approval:

Department Head ____________________________  Date __________

Vice President for Human Resources ____________________________  Date __________

Program Denial:

Department Head ____________________________  Date __________

Vice President for Human Resources ____________________________  Date __________