Neighborhood Outreach Access to Health

Tuition Reimbursement Request

Questions and/or completed form should be sent to: Zakiya Milton @ zamilton@noahhelps.org

Name: _____ **Date:** _____

Email: _____ **Phone Number:** _____

Institution/College/School/etc.: _____

Class Name and Number: _____

Brief Class Description: _____

Class Start Date: _____ **Class End Date**: _____

Degree Program in which you are enrolled: _____

***If not enrolled in a degree program, please describe how this class contributes to your future career goals:*

_____

Cost: _____

(Please attach a copy of your class schedule and copy of the receipt/cost breakdown of payment made.)

I attest to the following:

- I understand the NOAH Tuition Reimbursement Policy.
- I understand that I am committing to one year of service with NOAH from the class end date for which I receive tuition reimbursement funds. I understand that if I do not meet this commitment, I will owe back the monies paid to me as part of the tuition reimbursement program subject to the repayment percentages and terms listed in the Tuition Reimbursement Policy.
- I meet the **eligibility criteria** of:
    - Be actively employed in a full-time or part-time position working a schedule of thirty-two (32) hours or more per pay period for at least **six (6) months** from the most recent hire, or
    - status change date, exclusive of PRN (on-call) or temporary status; and
    - **Be in good performance standing**; not in restrictive status or in violation of NOAH policies and procedures; and
    - Obtain a **final grade of "C" or better** (or "pass" if pass/fail applicable) to receive reimbursement.
- I understand that if I withdraw from the class or do not receive a final grade of "C" or better (or "pass" if pass/fail is applicable), I will not be eligible to receive tuition reimbursement.
- I understand that I am required to submit all requests for tuition reimbursement at least 30 days prior to the start date.
- I understand that I am required to report my class grade within 30 days of the class end date.
- I understand that I am required to submit a receipt of class payment and cost breakdown for reimbursement.

Employee Signature: _____ **Date:** _____

*****To be completed by your Manager/Supervisor*****

I attest that this employee meets the eligibility criteria as outlined above.

Manager/Supervisor Signature: _____ **Date:**_____