

Total Rewards



2012 Educational Assistance Application

Please review the details of the program:

1. Payment for tuition and books will be paid at 50% of submitted tuition/book receipts up to the approved education assistance benefit amount.
2. The remaining 50% of the approved benefit amount will be reimbursed upon proof of class completion with a grade of "A" or "B."
3. Participants with a grade of "C" will not be eligible to receive the remaining 50% of the education assistance benefit for that class. Participants will not be required to repay the 50% education advance payment.
4. Participants receiving grades of "D" or "F" will not be eligible to receive the remaining 50% of the education assistance benefit for those classes, and they will be required to repay the 50% advance payment.
5. Program participants who do not complete classes will be required to repay Children's the 50% education assistance advance payment.
6. The Education Assistance Committee will determine the critical needs (hard-to-fill) programs. All applications will be reviewed and approved or denied by the Education Assistance Committee. The Education Assistance Committee is comprised of a cross-functional group of Children's Leaders.
7. Please note that you must be accepted to the program of study for which you are requesting funds prior to applying for assistance. You cannot change classes or schools once your application for assistance has been approved. Your approval for assistance is based upon the classes and school you submit for approval.

Education Assistance benefits are based on your program of study. Full-time employees enrolled in a degree program that is designated as "hard-to-fill" will be eligible for up to \$5,000 each calendar year. All other programs will be eligible for up to \$3,500. The benefit amounts are reduced by 50% for part-time employees.

Included in this packet are:

- Instructions for the Application Process
- Education Assistance Policy and Procedures
- Education Assistance Application Form
- Education Assistance Repayment Agreement Form

Instructions

1. Review the Policy and Procedures.
2. Complete a 2012 Education Assistance Application and Repayment Agreement.
3. Obtain a copy of your program curriculum detailing the required classes for your degree and submit with your application.
4. Submit completed application to your Supervisor or Manager for comments and signature.
5. Fax application to 404-785-9252 or mail interoffice to Ginny Tally, HR - Benefits, 1600 Tullie Circle.
6. You will receive an email notification of your approval or denial no later than July 1, 2012. Please contact Ginny Tally if you have not received this notification by July 1, 2012.

Policy and Procedures

Section:	Compensation and Benefits	Subject Number:
Subject:	Educational Assistance 2004	Effective Date:
Approval:		Revised Date: 10/01/08

I. POLICY:

Children's encourages continuing education and provides financial assistance to eligible employees seeking to further their education. This assistance is available for degree programs which management considers appropriate for the development of the employee's job related skills and is consistent with the strategic direction of the organization. Applications will be accepted twice a year as specified in the procedures for this policy. Approval does not guarantee promotion, future employment, or payment in subsequent years.

II. ELIGIBILITY

1. Applicant should be regularly scheduled to work a minimum of 40 hours per pay period. PRN, casual and temporary employees are not eligible.
2. Applicant should have a minimum "meets" rating on their latest performance evaluation.
3. Applicant should be up to date on all mandatory education requirements.
4. Applicant should not have received a second written warning within the last six months.
5. Applicant must have six (6) months of employment service.

III. PAYMENT GUIDELINES

1. Critical need programs - employees requesting assistance for critical / hard-to-fill programs – are eligible to receive:
 - \$5,000 - Full-time employee
 - \$2,500 - Part-time employee

Payment for preparatory/remedial courses will be subject to approval by the Educational Assistance Committee. To receive advance payment (50% of eligible assistance amount) – apply at least 3 weeks prior to the start of the course.

2. Non-Critical programs - employees requesting assistance for non-critical programs are eligible to receive:
 - \$3,500 - Full-time employee
 - \$1,750 - Part-time employee

Payment for preparatory/remedial courses will be subject to approval by the Educational Assistance Committee. To receive advance payment (50% of eligible assistance amount) – apply at least 3 weeks prior to the start of the course.

3. Program participants are required to complete classes with a grade of "A" or "B" to receive the remaining 50% of eligible assistance (if an advance payment was provided).
4. A grade of "C" is considered a passing grade. Participants completing a class with the grade of "C" will not be eligible for the remaining 50% of an advance assistance payment for that class, but will *not* have to repay the 50% advancement.
5. Applicants with grades of "D" or "F" will not be eligible for the remaining 50% of an advance assistance payment for those classes, and will be required to repay the 50% advance payment.
6. Employees receiving other financial assistance, including the Hope Scholarship, may not receive payment, which would cause them to receive more than 100% of total expenses.

7. In order for Children's to consider reimbursement for a degree program, the college must be accredited by one of the recognized accreditation agencies in the United States.
8. Assistance is available for tuition & books.
9. Critical need programs are determined by the Educational Assistance Committee and all assistance for critical needs programs must be approved the Educational Assistance Committee.

IV. REPAYMENT GUIDELINES

1. Employee shall maintain a minimum of 40 regular hours per two-week pay period – for 12 consecutive months after the degree is completed.
2. Employee shall sign a repayment agreement (which is pro-rated) prior to receiving payment.
3. Repayment is required:
 - ❖ in the event the employee has not completed 12 months of service beyond receipt of degree.
 - ❖ in the event of voluntary termination within service commitment period.
 - ❖ failure to meet grade requirements.
 - ❖ failure to maintain appropriate work hours.
 - ❖ failure to complete the course.
 - ❖ failure to submit grades within 2 months from the end of the course.

Failure to meet the terms of this policy will result in the immediate activation of the repayment agreement. Additionally, the employee would no longer be entitled to advance payment for any future classes and would be required to submit proof of passing upon completion of the course or courses in order to receive payment. Although an application is approved for a specific budget year, disciplinary action may disqualify an employee from receiving further payment.

V. PROCEDURE

1. Obtain application from the Careforce Connection or Human Resources.
2. Applications will be accepted, reviewed and approved twice a year (in the Fall & Spring) as announced by HR.
3. Complete application and submit to your Department Head for approval.
4. Department Head will forward the application to Human Resources for review by Educational Assistance Committee.
5. The applicant will be notified by Human Resources upon final approval or denial.
6. Employee submits application, and receipts to Human Resources along with signed repayment agreement.
7. Checks for 50% advance payments will be issued and forwarded to Human Resources for distribution.
8. Final grades must be submitted to Human Resources at the close of the quarter or semester. No further payment will be made until grades have been received.



2012 Mid-Year Education Assistance Application

DEADLINE FOR SUBMITTING APPLICATION IS FRIDAY, JUNE 1, 2012

Please Print or Type

SECTION I: EMPLOYEE INFORMATION

Name: _____ EMP ID# (6 digits) _____

Current Job Title: _____ Department: _____

Campus Location: _____ Work number: _____

Home Phone: (_____) _____ Employment Status: Full-time Part-time

Date of hire: _____ (6 mos. of svc required) # hrs worked: _____ (per pay period)
(month/year)

SECTION II: DEGREE INFORMATION

Check One: Associates Bachelors Masters Doctorate

Credit hours required to complete degree: _____ Number of hours you expect to enroll for the year: _____

Name of College/University: _____

Degree Program: _____ Major: _____

I am eligible for the HOPE Scholarship Yes No Amount \$ _____

I am eligible for other Tuition Assistance Yes No Amount \$ _____ Source: _____

SECTION III: EMPLOYEE EXPLANATION

Please explain why/how the degree you've applied for will benefit Children's:

Tuition will be approved based on properly submitted education plan, manager's recommendation, employee's explanation, organizational need & budgetary allowance.

SECTION IV: AGREEMENT

I, _____ wish to enroll in the above degree program. I have read the attached Policy and Procedures, and I understand that approval of my participation in the Education Assistance Program rests with Children's Healthcare of Atlanta. I agree to pay for all non-approved expenses, and to the repayment agreement as outlined, and will sign such repayment agreement. I further understand that approval does not guarantee promotion, future employment, or payment in subsequent years.

Employee Signature: _____ Date: _____

**Forward this application to your Manager/Director to complete SECTION V.

SECTION V: MANAGEMENT COMMENTS

Management Recommendation/Comments are required for approval.

Questions:

1. Do you foresee a future promotional opportunity as a result of the employee obtaining this degree?

YES NO

2. Do you foresee a future position available in another department for the employee obtaining this degree?

YES NO

3. Please explain why/how the degree will benefit Children's Healthcare of Atlanta

Management signature below indicates:

I have read the eligibility requirements for Education Assistance, payment guidelines, and repayment guidelines, and endorse and support this employee to pursue the course of study described in this application. I have discussed with the employee that obtaining a degree with Children's does not guarantee a promotion or future employment with the organization.

Manager/Director Signature: _____ Date: _____

Manager/Director: Please send the program curriculum along with the application. Fax the completed application to 404-785-9252 or mail to Ginny Tally, HR-Benefits, 1600 Tullie Circle, Atlanta, GA 30329.

2012 Education Assistance Repayment Agreement Form

I, _____ hereby request the sum of (\$) _____ for educational assistance.

My current address is: _____

Seeking payment for (Semester/Term/Course) _____

Please initial next to each statement:

_____ I agree to work for Children's Healthcare of Atlanta for a period of no less than twelve (12) months from the date of graduation.

_____ I understand that if I elect to take a 50% advance payment, the remaining 50% will be reimbursed upon proof of class completion with a grade of "A" or "B".

_____ I understand that if I elect to take a 50% advance payment, and complete a class with the grade of "C" (which is considered a passing grade) I will not be eligible for the remaining 50% of the educational assistance benefit for that class. I also understand that I will not be required to repay the 50% advance payment I received.

_____ I understand that if I elect to receive the 50% advance payment and complete a class with a grade of "D" or "F", I will be required to repay Children's the 50% advance payment for that class.

_____ I understand that partial or full repayment of this agreement will be deducted from my final paycheck, including PTO, if I leave Children's less than 12 months from the date of my degree completion.

_____ I understand that if I fail to maintain grades of "A", "B" or "C" or fail to complete any class or classes, or if I voluntarily terminate employment status or change employment status to less than 40 hours per pay period, I will reimburse Children's Healthcare of Atlanta 100% of the funds received.

_____ I understand that if I fail to remain with Children's Healthcare of Atlanta one year after completing my degree, I agree to reimburse Children's Healthcare of Atlanta based on the 12 month prorated calendar listed below.

1 st month	100%		7 th month	40%
2 nd month	90%		8 th month	30%
3 rd month	80%		9 th month	25%
4 th month	70%		10 th month	20%
5 th month	60%		11 th month	15%
6 th month	50%		12 th month	10%

Before signing -- check to ensure the following documentation accompanies this repayment form:

- The receipts/invoices are attached
- The dollar amount indicated equals the attached receipts/invoices

Fax this form with your receipts/invoices to 404-785-9252 (ATTN: Ginny Tally)

Employee ID# (6 digits) _____

/ _____ Department _____ / _____ Campus _____

Employee Signature _____ / _____ Date _____

HR Benefits Representative Signature _____