

TUITION REIMBURSEMENT BENEFIT

It is the desire of the Mercer County Behavioral Health Commission to provide eligible employees with assistance in furthering their educational development.

EMPLOYEE ELIGIBILITY: A person must be a full-time, currently scheduled employee of the MCBHC to participate in the tuition reimbursement program. The employee must have achieved a “meets expectations” or higher rating during their most recent annual appraisal and this status must be maintained to remain eligible for participation. The employee must be employed with the MCBHC for one year unless administration identifies and warrants the qualification. An eligible employee must complete the Tuition Reimbursement Application.

CLASS/PROGRAM ELIGIBILITY: Educational assistance will be provided for courses of study, which the Commission determines to be directly related to the employee’s present position or which may provide potential for the employee’s advancement within the MCMCBHC. The employee must complete the Undergraduate or Postgraduate eligible class with either an “A” or “B” grade level. “Complete” or “Pass” is acceptable in the applicable situations.

REIMBURSEMENT: The employer will attempt to equalize the opportunity to participate in the Reimbursement Program among all MCBHC employees. Reimbursement for tuition shall be made on a prorated basis among all qualified applicants up to 100% of tuition costs. Eligible reimbursement will be made upon completion of class and must fall within fiscal year.

SEVERED EMPLOYMENT: Employees who receive \$1,000 or less in payment as described above will be required to reimburse the MCBHC dollar for dollar if they elect to sever their employment or are terminated less than six months after the completion of the class paid for with program funds. If reimbursement exceeds \$1,000, the employee will be required to reimburse the MCBHC dollar for dollar if they elect to sever or are terminated less than one year following the completion of their classes.

PROCEDURE:

1. The funding periods for reimbursement are:

A) July 1 through December 30

The deadline for submission for submission for course(s) completed during this period is August 1st.

B) January 1 through June 30

The deadline for submission for consideration for courses completed during this period is February 1st.

2. Employee presents course description and course syllabus to immediate supervisor for consideration of tuition reimbursement enrollment. If the supervisor determines the class to be supportive and advantageous for the employee's future within the MCBHC, and the request is within the identified deadline, the supervisor will direct the employee to complete the Application for Tuition Reimbursement (continuation application if applicable.) If the supervisor determines the class to be ineligible for reimbursement, the supervisor identifies the reason/s for course ineligibility with the requesting employee.
3. The supervisor forwards the completed Application for Tuition Reimbursement to the MCBHC Personnel Department. Applications for Tuition Reimbursement continue to be forwarded to the Personnel Department until the close of the Reimbursement Enrollment Deadline.
4. The Personnel Department forwards all ATRs to the Chief Executive Officer for review and potential approval. Upon review, the CEO returns the approved ATRs to the Personnel Department to determine the reimbursement rate for the approved applications. Upon receipt, the Personnel Department notifies each applying employee in writing of approval or disapproval of application and the anticipated rate of reimbursement if the course is completed.
5. The MCBHC employee submits a receipt or other form of payment verification for the agreed upon course, and a copy or original transcript verifying an attained "A", "B" or "Pass" to the MCBHC Personnel Department upon the completion of the course. All paperwork needs to be submitted upon receipt of grades and no later than July 7th for June 30th fiscal year end.
6. The Fiscal Department will forward a check to the employee in the identified amount no later than three weeks of receipt of both the course transcript and payment verification.

Please request applications from the Personnel Department.

Form A

**Mercer County Behavioral Health Commission
Application for Tuition Assistance**

Name: _____ SS# _____
(Please Print)

Position: _____ Department: _____ D.O.H. _____

Course/Program Description:

Anticipated Start Date _____ End Date _____

University/Training Facility: _____

****Attach formal course description to this application.***

1. Are you presently enrolled in a Degree Program: Yes _____ No _____
 - a) If enrolled in a degree program, how many credits have you accumulated? _____
 - b) How many credits are needed for completion of this degree? _____
 - c) Name of degree working towards: _____
 - d) Name of degree presently held: _____
 - e) How many other courses have you taken in the last two years? _____

2. Are you presently enrolled in a Certification Program? Yes _____ No _____
- a) If enrolled in a certification program, how many credits have you accumulated? _____
- b) How many credits are needed for completion of this certification: _____
- c) Name of certification working towards: _____
3. Please give a brief narrative explaining importance of this course to you, and your employment goals in this agency.
- _____
- _____
- _____
- _____
- _____
4. Circle the ones that apply to the aforementioned course:
- a) Applicable to current position
- b) Related to present job performance
- c) Qualify for new position: _____ (potential position)
- d) Requirement for undergraduate degree
- e) Requirement for graduate degree
- f) Requirement for certification

TUITION FUNDS REIMBURSEMENT AGREEMENT

For tuition reimbursement funds provided to me, the undersigned, by the Mercer County Behavioral Health Commission with my assurance that such sums will be exclusively used for the payment of tuition for a course of study, approved by MCBHC and intending to be legally bound, I agree as follows:

1. I understand that the MCBHC's Tuition Funding Program is designed to encourage staff retention.
2. I agree that, unless all of the following conditions are met by me, I will be obligated to reimburse and repay to MCBHC all Tuition Funds advanced to me upon my separation from service from MCBHC, whether voluntary or involuntary. For these purposes, I authorize MCBHC to withhold and discharge from any sums due me upon such separation such amounts as may be necessary to fully reimburse and repay MCBHC for Tuition Funds advances made.

3. I agree and understand that reimbursement or repayment of Tuition Funds will be made to me only if the following requirements are met.

- A. I provide a receipt from the training facility or university for tuition paid to them.
- B. I provide to MCBHC an official transcript or the original copy of my grade from the institution of higher education.
- C. I attain an "A", "B", or "Pass" grade in the course; or a certificate of successful completion.
- D. I continue in my employment with MCBHC for at least six months from the date course is completed with respect to tuition reimbursement funds of One Thousand Dollars (\$1000.00) or less, and one year with respect to tuition funds received in excess of One Thousand Dollars (\$1000.00). Periods of leave without pay shall not be credited to this requirement.

Employee Signature

Date: _____

Supervisor's Signature

Date: _____

Application APPROVED_____

DENIED_____

CEO Signature

Date: _____