

JOHNS HOPKINS HOME CARE GROUP, INC.
APPLICATION FOR TUITION ADVANCEMENT/REIMBURSEMENT

EMPLOYEE INFORMATION

Name:	SS#:
Company:	Supervisor:
Date of Hire:	Number of scheduled hours per week:
Position/Title:	Date of Request:

COURSE/ TUITION ASSISTANCE INFORMATION

College/University:	Semester:	Major:
Undergraduate Course(s): <input type="checkbox"/>	Postgraduate Course(s): <input type="checkbox"/>	Course Title:
Course Starting Date: / /	Course Completion Date: / /	Tuition: \$
Have you received tuition assistance this calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If yes, how much did you receive? \$ _____

Please attach course description and briefly explain how your course(s) are work related and/or enhance your skill and/or knowledge with respect to your assigned duties or duties to which you can or may be promoted. I hereby request approval of the above course(s) for reimbursement under Johns Hopkins Home Care Group's Tuition Assistance Program. I understand that for reimbursement to be made, I must present proof of completing the course(s) with a grade "C" or above for Undergraduate courses or a "B" for Graduate courses and a receipt for tuition paid. I further understand that if my employment terminates or I reduce my scheduled hours to less than 30 hours per week, I am not eligible for reimbursement for that semester. I have been given a copy of the Tuition Assistance Policy and I fully understand this benefit.

Agreement: *I understand that my signature below indicates that if I fail to meet the requirements of this policy, I will be obligated to repay the amount advanced either through payroll deduction or other legal means.*

EMPLOYEE'S SIGNATURE: _____ Date: _____

AUTHORIZATION

The above course(s) meets the policy guidelines and I recommend :

Approval Disapproval of the above request for tuition reimbursement.

SUPERVISOR'S SIGNATURE: _____ Date: _____

HUMAN RESOURCES

The employee has presented proof of course intention/completion and grade and meets all the requirements for tuition advancement/reimbursement.

HR Representative Signature: _____ Date: _____

This request has been approved for reimbursement in amount of: \$ _____

HR DIRECTOR'S SIGNATURE: _____ Date: _____