



1199SEIU MD/DC DIVISIONAL AND JHH REPRESENTED EMPLOYEES TRAINING FUND APPLICATION

INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE EMPLOYEE

Please complete this form and scan it to the [JTF Applications@jhmi.edu](mailto:JTFApplications@jhmi.edu) along with your Tuition Advancement Application and an itemized bill from the College/University at least **four weeks before** the semester begins. Tuition checks will be mailed directly to the College/University. **A scanner is located on Nelson 7 inside Human Resources Employee Kiosk.**

If your application is not received four weeks before the start of the semester, your application may be returned and must then be submitted for tuition reimbursement at the end of the semester.

Training Fund Applications will not be processed without an itemized bill from the College/University.
Please note that 3rd Party billing letters can be sent to the school/applicant once the required approvals are received.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Certification/Books Program

ELIGIBILITY

JHHSC/JHH full-time and part-time employees are eligible if employed and regularly scheduled to work 20 hours or more per week and have completed **one year of continuous service**. Employees are not eligible if under disciplinary action. To apply, please complete JTF Application along with itemized bill, class schedule and/or book receipt **four (4) weeks before the course begins; otherwise, payment is not guaranteed.** **Please note:** Part-time employees (20 hours or more per week) will be eligible for payment at a prorated basis according to the following scheduled hours per week: 20-31 hrs (50%) 32-40 hrs (100%)

Eligible Fees The following fees will be considered for reimbursement: registration fees, lab fees, and required textbook fees. **No other type of fees will be paid, e.g. extracurricular activity fees, parking fees, athletic fees, graduation fees, health fees, comprehension fees, transportation fees, child care fees, etc.**

The amount of reimbursement may not exceed \$1,500 per applicant, per rolling six month period. Applicants who have received reimbursement within six months of requesting another reimbursement and who have not met the \$1,500 cost cap may be eligible to receive the remaining portion of the \$1,500 as long as the total reimbursement within the six month period does not exceed \$1,500.

If the employee receives Represented Employee Training Funds, upon completion of course/certification the employee must submit to the Joint Training Council a copy of the grade or pass/fail statement from the institution before any additional funds will be paid for the employee. **The employee must submit the grade within (30) days of the course.** If the employee fails the course(s) or fails to complete the course(s), the employee is responsible for total repayment of those funds to the Council. I understand and agree to the service payback requirement set forth in the Training Fund Guidelines including the withholding and any legal provisions. I authorize JHHSC/JHH to deduct the full amount for any sums paid by JHHSC/JHH from my paychecks without notice or demand for payment. JHHSC/JHH will provide me with a statement setting forth the total amount to be repaid and a schedule of payments. I shall have the option of making a lump sum payment or installments.

Advancement

ELIGIBILITY

Tuition assistance is available and may be granted to full-time employees (32-40 hours per week) after **90 days of employment** (Courses starting 91 days after hire and later), and part-time employees (20-31 hours per week) are eligible after **one year of employment**. Payment for part-time employees will be prorated based on their scheduled hours of work.

Represented employees earning less than \$35,000/year (\$16.83/hourly) are eligible for Tuition Advancement (for undergraduate studies only). To apply, please complete JTF Tuition Application along with itemized bill, class schedule and or book receipt four (4) weeks before the course begins; otherwise, tuition payment is not guaranteed. **Tuition Applications will not be processed once class begins.** Submit grade earned to HR Benefits Office within one month after the course ends. **If the course is not completed, the Tuition Advancement will be deducted from the employee's paycheck.**

Employee must attend an accredited college/university, technical or vocational school in the Baltimore/Washington metropolitan area. Courses must lead to a vendor/academic licensure or degree and meet business/operational necessity. For HR 332: Tuition/Educational Assistance Policy and a list of eligible degrees, visit:

www.hopkinsmedicine.org/jhhr/PoliciesProcedures.



Date Received By Office of Human Resources

Advancement Assistance: _____
Fund Assistance: _____



**1199SEIU MD/DC DIVISION AND JHH REPRESENTED EMPLOYEES
TRAINING FUND APPLICATION**

INCOMPLETE FORMS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE EMPLOYEE

A Tuition Assistance Application needs to be completed prior to each semester and submitted to Human Resources, Osler. Payment of this benefit may be taxable, and subject to withholding rules. Please visit www.hopkinsmedicine.org/jhhr to review additional information regarding HR 332: Tuition/Educational Assistance Policy.

Part 1 – Employee Information

Employee Name: _____
LAST FIRST NO. OF HRS WORKED PER WK

Social Security Number _____ Date of Hire _____ FT/PT _____ SHIFT: DAY EVENING NIGHT

Home Address: _____ City: _____ State: _____ Zip: _____

Work Ext.: _____ Home/Cellphone: [_____] _____ Job Title: _____ Email: _____

Job Location: _____ Have you ever applied for tuition assistance utilizing the Joint Training Fund: Yes No
Active Disciplinary Actions: Yes No

Part 2 – College/University Information Please Check one: Certificate Program Degree Program Books

Name of the school attending: _____

Address of the school attending _____ Student ID# _____

Type of Degree: _____ Number of credits: _____ Name of program: _____

Total cost for current semester: \$ _____

Title of Course	Course Start Time	Start Date	End Date	Credits

Part 3 – Manager’s Signature (must be obtained for degree programs)

This is to certify that I have reviewed the employees request to take the above mentioned classes and the times of these classes do not in any way conflict with their current work schedule **OR** at the employee's request, I have agreed to adjust their work schedule to accommodate the class schedule above. I have explained to the employee that at the conclusion of the class their schedule will revert back to what it was prior to being adjusted.

Manager’s Signature

Date

Part 4 – Employee’s Signature

I certify that all information is accurate and I have **read** this form. I understand and agree to the service payback requirement set forth in the Training Fund Guidelines including the withholding and any legal provisions. I authorize JHHSC/JHH to deduct the full amount for any sums paid by JHHSC/JHH from my paychecks without notice or demand for payment. JHHSC/JHH will provide me with a statement setting forth the total amount to be repaid and a schedule of payments. I shall have the option of making a lump sum payment or installments.

Employee’s Signature

Date