



Educational Assistance Request Form

I. Employee to complete 3 weeks prior to registration for each term or semester

Name: _____ Employee ID# _____ Title: _____

Dept. Name: _____ Dept. Number: _____

Facility Name: _____ Facility Number: _____

Estimated costs: Tuition	\$ _____	Class dates: _____ - _____
Registration	\$ _____	Class title: _____
Books	\$ _____	College/University: _____
Total	\$ _____	Location: _____

I understand and agree to the following:

- I must make a grade of “B” or better to receive reimbursement
- Program materials, supplies and non-course related fees are not authorized for reimbursement
- Notify HR if reimbursement will be reduced by any amount paid through other sources such as government agencies (e.g., G.I. Bill, etc.) or other educational benefits (i.e. scholarships or grants). Documentation of outside financial assistance is required before reimbursement by Tenet.
- If I leave Tenet within two years from the date of final reimbursement or conclusion of the program, I will have to repay this reimbursement on a prorated basis.

Employee Signature _____
Date

Address to send check: _____

II. Approvals – to be completed before class begins

This/these course(s) is/are for the purpose of pursuing degree programs approved for reimbursement and qualify for reimbursement under the provisions of the educational assistance policy.

Immediate Supervisor Signature _____
Date

Department Head Signature _____
Date

Human Resources or CHRO Signature _____
Date

VP, HR Operations Signature (if required) _____
Date

III. Reimbursement Information (to be filled out once the class is complete)

Human Resources Representative Signature _____
Date

Facility	Department	Sub-Account	Amount