

UBMC EDUCATION REIMBURSEMENT APPLICATION

EMPLOYEE INFORMATION -(Required)

NAME: _____ SS#: _____

ADDRESS: _____ HOME PH#: _____

CITY, ST, ZIP: _____

SCHOOL: _____ MAJOR: _____

PURPOSE: ☐ Seeking a degree: _____ i.e., AND, BS, AA, MS etc.) Hire Date: / /
☐ Licensure: _____ Estimated Graduation Date: / /

☐ Non-Degree Course Title _____ Tuition Fee _____

REQUIRED DOCUMENTATION -(Please attach to this form))

Attached an outline from course catalogs or other materials provided by the school named above to document the required courses necessary for completing degree, license, or certificate.

☐ Degree requirements already on file for this school and degree program.

EMPLOYEE QUESTIONNAIRE (Required)

Describe your career goals within UBMC: _____

Describe what steps you have taken toward your goals: _____

Describe how your education plan improves your current UBMC position: _____

I agree to work for Uintah Basin Medical Center for a minimum of one year for each academic year I receive funds from UBMC. If I am unable to meet my obligation I understand that I will be responsible for paying back tuition that I have received on a pro-rated basis. (Please refer to employee handbook)

Employees Signature: _____

DEPARTMENT MANAGER INFORMATION - (Complete and submit to Human Resources)

Employee is in a benefited position (i.e., is budgeted for and working a minimum of 30 hours per week)? ☐ Yes ☐ No

Employee's current satisfactory performance of job responsibilities is: ☐ Met ☐ Not Met

If not met, have you informed employee that performance expectations have not been met? ☐ Yes ☐ No

If no, please explain: _____

I recommend education reimbursement for this employee. ☐ Yes ☐ No

If no, please explain _____

Department Manager Signature: _____ Date: _____

ADMINISTRATIVE COUNCIL REVIEW

Approvals: This course/degree is in compliance with UBMC's Tuition Reimbursement Policy. If denied, please explain: _____

☐ Approved ☐ Denied Administrative Approval: _____ Date: _____

