# COURSE REIMBURSEMENT APPLICATION

To provide tuition assistance for staff completing continuing education course(s) for professional development.

**SECTION I: Employee and Course Information** (completed by employee & submitted to manager)

| | | |
|---|---|---|
| **Name**: | | **Date of Application**: |
| **Telephone (**work**)**: | | **Telephone (**home/cell**)**: |
| **Job Title/ Position**: | **Job Status** (at the time of application):<br>☐ Full Time ☐ Part Time<br>☐ LOA, type: _____ | **Employee ID Number**: |
| **Program/Department**: | **Campus**:<br>☐ Met ☐ Ouellette<br>☐ Other: _____ | **Manager's Name:** |
| **Course Title**: | | **Date of Course**:<br>From _____ to _____<br>**Course Cost**: |

**Course Description:**

_____

**Describe how the course will benefit the performance of your:** ☐ current job/position **or** ☐ future position

(please check only one): _____

☐ **I have explored other sources of funding support** i.e. RNAO, professional associations.

| **Course Offered By:** | **Course Completed By**: | **Course Credit Toward:** |
|---|---|---|
| ☐ University ☐ College<br>☐ Technical or Vocational ☐ Association | ☐ Classroom Attendance ☐ Correspondence<br>☐ Web-based/online ☐ Other: _____ | ☐ Diploma ☐ Degree<br>☐ Certificate<br>☐ Other: _____ |

**Name of Agency/ School Offering Course:** **Exam Held**: ☐ Yes ☐ No

☐ **I have read and understand the Tuition Assistance Policy (found in Policy & Procedure Library on Intranet)**

**Agreement for Reimbursement of Educational Expenses**

**I wish to have approval to be reimbursed the cost of tuition for the following course:**

**and in return I agree to the following:**

1. I understand that if my employment terminates voluntarily with Windsor Regional Hospital within one (1) year from the date of the completion of the above listed course, I hereby expressly agree and hereby authorize Windsor Regional Hospital to deduct from my wages owing 100% of the reimbursement made to me by Windsor Regional Hospital.
2. I understand that if my employment terminates voluntarily with Windsor Regional Hospital within two (2) years from the date of the completion of the above listed course, I hereby expressly agree and hereby authorize Windsor Regional Hospital to deduct from my wages owing 75% of the reimbursement made to me by Windsor Regional Hospital.
3. I expressly agree to be bound by the terms and conditions of the Tuition Assistance Policy.
4. I understand that I must submit, have approval and complete the course in accordance to the Tuition Assistance Policy within the fiscal year that the course ends. Fiscal years run from **April 1** to **March 31** each year.

_____ _____

Signature Date

**SECTION II: Manager Approval** (completed by manager & forwarded to Learning Resources)

| | | |
|---|---|---|
| ☐ **Recommended**<br>☐ **Not Recommended** | Signature:_____ | **Date**: _____ |

**Comments about Application Category** (please check one only): ☐ Supports Current Position
☐ Supports Future Position within WRH