



WESTCHESTER
MEDICAL CENTER

2018 TUITION REIMBURSEMENT GUIDELINES, INSTRUCTIONS & APPLICATION

For courses completed from January 1, 2018 – December 31, 2018

TO: All CSEA, Non-Represented and WMC NY employees regularly scheduled to work at least 17.5 hours per week.

FROM: Joint Committee on Education and Tuition

SINCE THE INTENT OF THIS PROGRAM IS TO REIMBURSE ALL QUALIFIED APPLICANTS, PLEASE READ INSTRUCTIONS CAREFULLY. FAILURE TO COMPLETE THE APPLICATION AND SUBMIT ALL THE REQUIRED DOCUMENTS WILL CAUSE YOUR DISQUALIFICATION.

Tuition Reimbursement is a financial assistance program established to help current Medical Center employees further their education. The program's intent is to expand the employee's knowledge, skills and abilities, and thereby, enhance job performance, value to the organization and greater job/career opportunities with the Medical Center.

The reimbursement amount for CSEA employees under this program depends on the total dollars approved for payment to CSEA represented employees compared to the total available funds. Reimbursement will occur by the end of the second quarter of 2019 (2nd paycheck in June).

Non-Represented and WMC NY employees will be reimbursed for eligible expenses up to \$6,000 per year. Reimbursement will occur throughout the year as soon as administratively possible after submitting your application.

ELIGIBILITY GUIDELINES:

1. CSEA, Non-Represented and WMC NY employees (full or part-time regularly scheduled to work at least 17.5 hours per week). Applicants must be employed by the Medical Center prior to the start, during and through the completion of the course(s) **and at the time that checks for reimbursement are issued**. Per-diem employees are not eligible. (A duly authorized leave of absence for child-rearing, maternity or leave under the Family Medical Leave Act constitutes employment).
2. Enrollment in an academic course, degree or educational program must be in a recognized institution of learning approved or certified by a State Department of Education or equivalent licensing authority.

3. A course must be completed by **12/31/18** to be eligible for the **2018** program. If a course begins in one calendar year and ends in the next, the reimbursement request must be made in the year the course is completed. Applicants must receive a final grade for each course as follows:

a. For certificate courses	Written proof of successful completion
b. For undergraduate courses	Minimum grade of C
c. For graduate courses	Minimum grade of C
d. For pass/fail courses	Grade of Pass
4. Continuing Education programs including seminars, workshops, conferences, and management development programs are ineligible for the tuition reimbursement program. Hobby, social and audited courses are also excluded.
5. Individuals receiving financial aid under other programs (TAP, Pell grants, scholarships, etc.) will be eligible only for reimbursement of costs remaining after these other benefits are expended. Guaranteed loans are not considered financial assistance.

APPLICATION INSTRUCTIONS: PLEASE READ CAREFULLY

FAILURE TO FOLLOW INSTRUCTIONS WILL CAUSE YOUR DISQUALIFICATION.

1. The application and following documents must be completed, signed, delivered and received (or postmarked) by the Westchester Medical Center, Benefits Office by **3/1/2019** to be eligible for consideration (applies to CSEA employees only). No written acknowledgment will be sent.
2. The following documents must be attached to the application on the pages provided and submitted by the deadline. Missing documentation will cause disqualification.
 - a. **Grades:** Original grade notification must be submitted
 - b. **Proof of Payment:** Two different documents must be submitted:
 1. Official itemized school statement showing the cost of the courses(s), how much was paid, and for what items, **and**
 2. Your payment method; submit copies of:
 - cancelled check (front/back);
 - credit card receipt/statement;
 - official cash, college or Internet receipt;
 - loan papers (showing written acknowledgement from school of payments received directly from funding source).
 - c. **Financial Assistance Statement:** This form must be completed and submitted by all applicants for each school attended whether you did or did not receive any assistance.

3. Submit the completed application and all required documents to:

Tuition Reimbursement Program
Westchester Medical Center
Benefits Office
19 Bradhurst Avenue, Suite 3080N
Hawthorne, NY 10532

First class mail or hand-delivery is recommended. Use of inter-office mail is not a guarantee that the application will be received by the filing deadline.

*It is the applicant's responsibility to ensure that the completed application and all supporting documents have been received or postmarked by the filing deadline of March 1, 2019 (CSEA only). **NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.** If an application is incomplete however, the applicant will be allowed to submit the missing documentation during the appeal period.*

REIMBURSEMENT PAYMENTS:

This is a reimbursement program. As such, only actual payments will be eligible for reimbursement. *Deferred payment in anticipation of reimbursement is not eligible.*

There is a \$6,000 cap on requested reimbursement expenses. Only tuition and fees (as deemed appropriate by the Committee) are reimbursable. No other items including textbooks, supplies, etc. are reimbursable.

The Joint Committee on Education and Tuition determines which applicants meet all the eligibility guidelines. The Committee consists of members from CSEA and Management. Applicants denied reimbursement are advised in writing and will have a 10-day appeal process to provide the Committee with a written explanation as to why the denial was incorrect.

**Questions may be referred to the Benefits Office at (914) 493-7144 or by e-mail to
BenefitsHelp@WMCHealth.org**

2018 APPLICATION FOR TUITION REIMBURSEMENT

APPLICATION AND DOCUMENTATION MUST BE SUBMITTED OR POSTMARKED BY
March 1, 2019

Name: _____ SSN: _____

Address: _____

(City)

(State)

(Zip Code)

Home Phone: _____ Work Phone: _____

Department: _____ Original Hire Date: _____

Official Job Title: _____

Check one: CSEA Non-Represented/WMC NY

School(s) attended in 2018:

1) _____

2) _____

3) _____

Does this course(s) lead to a degree? Yes No

If yes, indicate:

Degree (AA, BS, etc.):

Expected graduation date:

Program major: _____

Briefly describe how your present studies relate to your position and career goals at Westchester Medical Center.

Financial Aid: I have received or expect to receive financial aid for courses listed.

Yes No

Please complete questions #1-7 in full; **Do Not Use "See Attached"**

1. **Total Financial Aid** - received/to be received as verified on the Financial Assistance Statement from each school attended: \$ _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION. PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

Signature of Applicant

Date

2. **Course(s) Taken – complete in full; do not use see attached**

Course No.	Course Title	School	Semester	# Credits/ Course	Tuition Cost per Course	Final Grade
*DO NOT INCLUDE COURSES/TUITION COSTS FOR THOSE CLASSES WITH GRADE(S) BELOW 'C'						

3. **Total Tuition** \$ _____

**Do not include courses/tuition costs for those classes with grades(s) below 'C'*

4. **Total Fees** *(do not includes textbooks, supplies)* \$ _____

5. **Subtotal** \$ _____
(Tuition & Fees)

6. **Minus Financial Aid (from #1)** \$ _____

7. **Total Reimbursement Request** \$ _____
(Tuition & Fees less Financial Aid)

Requests over \$6,000 will be calculated as \$6,000.

**See Page #2 for grade requirements*

WESTCHESTER MEDICAL CENTER TUITION REIMBURSEMENT

FINANCIAL ASSISTANCE STATEMENT

Form *must* be completed for each school attended

Student (Employee): _____SSN: _____

Name of School: _____

For School Official Only – Please check and complete Item #1 or Item #2

_____,
(Name of Student)

- 1. Did not receive any financial assistance for 2018 courses (excluding loans)
- 2. Did receive financial assistance (TAP, MAP, PELL Grant, etc.) for 2018 courses. **Do not include loan information.**

_____ Spring 2018 Amount: \$ _____

_____ Summer 2018 Amount: \$ _____

_____ Fall 2018 Amount: \$ _____

_____ Other 2018 Amount: \$ _____

Total Financial Assistance received (**excluding loans for 2018**): \$ _____

Signature (Financial Aid / Business Office Representative)

Print Name

Title

Phone Number

Date

Place Official School Seal/Stamp Here

GRADES

ATTACH YOUR GRADES TO THIS PAGE

Original grade notification must be submitted

SCHOOL BILL

ATTACH ITEMIZED SCHOOL STATEMENT TO THIS PAGE

Official itemized school statement showing the cost of the courses(s), how much was paid, and for what items

METHOD OF PAYMENT

ATTACH YOUR "METHOD" OF PAYMENT TO THIS PAGE

Copies of:

- *Cancelled checks – front/back;*
- *Credit card receipt/statement;*
- *Cash, College or Internet receipt;*
- *Copy of loan papers (including written acknowledgment from school of payments received directly from funding source, if applicable)*