

**TUITION SUPPORT APPLICATION**  
**PSW online certificate course only**

Employee/Management Approval

- 1) The employee is required to complete page 1 and forward in hard copy to his/her manager or ED/CEO for approval.
- 2) The manager and ED/CEO are to review and sign off on page 2 if approved.
- 3) Once approved, employee shall sign off on acknowledgement on page 2.
- 4) Manager and employee ensure that all applicable items have been completed and met

Employee Information						
Name:		Employee #:		Job Title:		
Department:		Location:		Phone #:		
Educational Information						
Institution Name:						
Semester/Session Requesting Assistance:						
Estimate Expenses						
Course Name & Number	Begin Date	End Date	Tuition Fee	Additional Fees	\$ Books	Subtotal Amt.
<b>Total Estimated Reimbursement</b>						
\$						

Management Approval
Does applicant meet eligibility guidelines per Tuition Support policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Expected value of training (please outline how the course will benefit current/future position):

Application Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, indicate the amount (\$) of eligible reimbursement: _____  If no, indicate reason for declining application:		
Manager Name:	Manager Signature:	Date:
<b>LTC/RH/HO Only:</b>		
2 <sup>nd</sup> Manager Name:	2 <sup>nd</sup> Manager Signature:	Date:

<b>Employee Acknowledgement and Sign Off</b>	
<p>I _____ understand agree to the following conditions:</p> <ul style="list-style-type: none"> <li>(a) I agree to pay all initial fees in conjunction with my course(s), unless otherwise agreed upon.</li> <li>(b) I understand that Tri-County Mennonite Homes will pay the agreed upon reimbursement in accordance with the section 4 details, and presentation of a completed expense report and itemized receipts indicating the cost of tuition and books.</li> <li>(c) Reimbursement is payable to me upon submission of proof of successful completion of the course. Tri-County Mennonite Homes will not reimburse me for fees relating to internet usage, transportation, parking, telephone charges, equipment rentals, library charges, photocopying, or graduation fees, unless prior approval is received.</li> <li>(d) If I resign employment or I am terminated for just cause prior to the completion of the course, then I shall not be entitled to reimbursement.</li> <li>(e) If my employment is terminated without cause prior to the completion of the course, then I shall be reimbursed for that course upon submission of proof of successful completion.</li> <li>(f) If I resign before 24 months since start of TMH employment or prior course completion, I shall be required to repay the reimbursement amount on a pro-rated basis.</li> </ul>	
Employee Signature:	Date:

**Employee and Employer agreement**

TCMH will:

- Offer ability to use TCMH rooms and equipment to participate in online courses
- 100% TCMH paid PSW online course fees as tuition and books
- 15 hours fully paid to prepare for exams – education paid leave
- After successful completion of the PSW program ability to work at PSW wage and apply for PSW job postings
- Support in obtaining required other training (First aid, GPA...)

Employee agrees to (initial each line as completed)

- \_\_\_\_\_ comply with prerequisites of the college
- \_\_\_\_\_ submitted a letter of intention (300 words)
- \_\_\_\_\_ job shadowed PSW for 15 hours in different shifts – unpaid time
- \_\_\_\_\_ am available to work all three shifts and weekends
- \_\_\_\_\_ have participated in information session with college
- \_\_\_\_\_ have filled out Tuition support application
- \_\_\_\_\_ will work the placement hours at TCMH ( if college allows this would be paid time)
- \_\_\_\_\_ will complete specialized job training (site, department specific)
- \_\_\_\_\_ understand that I must have completed the probationary period with TCMH before starting the course

I \_\_\_\_\_ agree and confirm with signature \_\_\_\_\_  
(print name)

That I agree to work for TCMH for the continuous period of 2 years, in a minimum of part- time status since the start of the employment at TCMH.

Employee Signature:

Date: