



Date Received and Stamped by HR

School of Osteopathic Medicine

## EDUCATIONAL ASSISTANCE PROGRAM APPLICATION

The Educational Assistance Program Application must be submitted to Campus Human Resources Benefits Services Office after the course is completed.

Application and specified documents for reimbursement for college courses, non-college courses and seminars must be received in the Human Resources Benefits Services Office within 90 business days after the completion of the course(s), seminar(s) or conference(s).

Applications submitted without the required documents will not be accepted (refer to the Employee Checklist on page 4).

**Eligibility Criteria:**

Prior to the start of any course, academic credit by exam, seminar or conference and the submission of an application for educational assistance, staff members **must meet all of the following requirements:**

1. Must have completed at least one year of continuous regular service in a position working twenty (20) or more hours a week;
2. Must be in an active pay status (i.e. eligible to receive a paycheck);
3. Current performance evaluation must be satisfactory or better. POLICY#30-01-40-50:00

PRINT Last Name \_\_\_\_\_ PRINT First Name \_\_\_\_\_  
 Employee ID \_\_\_\_\_ TERM and Year \_\_\_\_\_

PLEASE READ CAREFULLY-----PRINT ALL REQUESTED INFORMATION

Submit **ONE** application for each term. Keep copies of all submitted documents.

First time applicant   
 Subsequent applicant

<b>Home Address</b>	<b>Apartment #</b>	<b>Home Phone:</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Title:</b>	<b>Office Ext:</b>	
<b>Employee's E-mail Address:</b>	<b>Department:</b>	<b>Hire Date:</b>
<b>Supervisor's Name:</b>	<b>Supervisor's E-mail:</b>	<b>Office Ext:</b>



**SUPERVISOR'S AUTHORIZATION:**

I, (Name of Supervisor Print) \_\_\_\_\_ (Title/Supervisor) \_\_\_\_\_  
(Department Print) \_\_\_\_\_, do hereby state that it appears that the  
course hour(s) for the course(s) listed on the front of this application does (do) not interfere with the normal work schedule of  
(Name of Student) \_\_\_\_\_

**ALSO**, I have checked and **verify that all of the items 1 through 3 listed below, regarding** the above employee, are correct.

This employee:

1. Is a regular staff member who works 20 or more hours a week;
2. Has completed one year of continuous service;
3. Has a current performance evaluation of satisfactory or above.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYEE'S EDUCATIONAL ASSISTANCE REIMBURSEMENT AGREEMENT:**

I, \_\_\_\_\_, DO HEREBY AGREE TO REIMBURSE ROWAN SOM FOR THE FULL AMOUNT OF TUITION REIMBURSEMENT RECEIVED SHOULD I VOLUNTARILY LEAVE THE EMPLOYMENT OF THE UNIVERSITY WITHIN SIX (6) MONTHS OF COMPLETING THE COURSES FOR WHICH THE TUITION WAS RECEIVED. FURTHER, I HEREBY AUTHORIZE SUCH AMOUNT TO BE DEDUCTED FROM MY FINAL PAYCHECK BEFORE IT IS RELEASED TO ME.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYEE'S VERIFICATION AND RELEASE:**

I VERIFY THAT THIS FORM HAS BEEN COMPLETED IN ITS ENTIRETY AND THAT THERE ARE NO SECTIONS OMITTED OR LEFT BLANK. I UNDERSTAND THAT IF A SECTION IS NOT COMPLETED, THE ENTIRE FORM WILL BE RETURNED TO ME AND WILL NOT BE PROCESSED UNTIL IT IS COMPLETED IN FULL. I HEREBY RELEASE FROM LIABILITY ALL PERSONS, CORPORATIONS, OR OTHER ORGANIZATIONS FURNISHING INFORMATION. I AM AWARE THAT MY REIMBURSEMENT OF ANY TUITION IS CONDITIONAL DEPENDING ON THE RESULTS OF VERIFICATION OF ALL DOCUMENTS SUBMITTED. IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IN THIS APPLICATION OR SUBMITTED DOCUMENTS WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR TERMINATION OF EMPLOYMENT. I HAVE READ AND I UNDERSTAND THIS RELEASE. I HEREBY GIVE THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY PERMISSION TO CONTACT THE SEMINAR CENTER, SCHOOL OR UNIVERSITY TO VERIFY AND INVESTIGATE THIS APPLICATION AND/OR RECORDS HAVING TO DO WITH THIS SUBMISSION AND TO SECURE ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYEE'S COMPLETION CHECKLIST: (all documents listed below must be submitted with the application)**

- Application for Educational Assistance Program (pages 1 & 2). Please complete all blanks
  - Supervisor's Authorization (page 3)
  - Employee's Educational Assistance Reimbursement Agreement (page 3)
  - Employee's Verification and Release (page 3)
  - Official documentation for college courses with beginning and end dates of term/courses **OR**
  - Official program brochure for any non-college courses
  - Documentation that the applicant has received a "C" or better or has passed a PASS/FAIL course (e.g. transcript or school grade report) **OR**
  - Documented academic credit by exam **OR**
  - Certificate of satisfactory completion is required for special interest non-college courses or continuing education units (C.E.U.) **OR**
  - Certificate of attendance for seminar or conference
  - An itemized bill
  - Proof of payment showing a zero balance, i.e. copies of [bursar's receipt or front and back of cancelled checks, financial aid documents, etc.]
-