



Tuition Assistance Teammate Certification Form

This is to certify that I, _____, am pursuing a degree or certification in _____ at _____ College/University.

I understand that as a teammate, I will receive tuition reimbursement provided the following:

- 1. As of the date of my application, I have been a teammate of Roper St. Francis in a benefit eligible part time or full time status for at least one (1) year from the date of application.
- 2. I will work at Roper St. Francis for a period of at least six (6) months (for annual reimbursements of \$1,000 or less) or one (1) year (for annual reimbursements greater than \$1,000) following the completion of the last course for which I receive financial assistance even if a position in the area of study in which I complete my degree/certification is not available.
- 3. If I resign from my position prior to completing the year of service or six months of service (whichever is applicable) following completion of the course, I will reimburse Roper Saint Francis the balance due in the final paycheck.
- 4. I have maintained a satisfactory teammate performance evaluation during the time I am taking my course(s) and remained in good standing with no corrective actions, performance improvements plans and/or suspensions for the past 6 months of the date of my request.
- 5. I understand application fees/enrollment costs and graduation fees are not considered tuition, and therefore, not reimbursable under this plan.
- 6. I have attached a copy of my itemized tuition bill, including payment methods and any other financial assistance or loan payments, tuition fee schedule, class schedule and proof of grades received *** (All are required to complete review and process)***

PAYMENT OPTIONS (FOR TUITION COSTS ONLY)

Tuition reimbursement amount requested \$ _____ (\$2000 maximum)

Upon approval, payment will be submitted to Accounts Payable for direct deposit. Please allow up to three weeks for all reviewing and processing to be completed.

Teammate Signature Teammate ID # Date

Manager's Signature Date

Email completed form and supporting documentation to HRBenefitsTeam@rsfh.com or Fax to 843-724-2844

Eligibility Date: _____ Address: _____
Check Amount: \$ _____
Prior TA received in current year: _____ Grade received: _____