



**Tuition Reimbursement 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: \_\_\_\_\_