

Instructions for RSFH Tuition Assistance

Tuition Assistance is a two-step process. Before the start of each course(s) or semester, you will need to submit the enclosed Tuition Assistance Pre-Approval Form. If approved, you will submit the Tuition Assistance Reimbursement Form within 60 days of completing the course(s)/semester. A checklist for each step is below.

Step 1: Tuition Assistance Pre-Approval Checklist:

Email the following to HRBenefitsTeam@rsfh.com or fax to 843-724-2844 at least 14 days prior to the start of the course(s)/semester:

- □ Completed and signed RSFH Tuition Assistance Pre-Approval Form
- □ Class schedule (must have your name, school, and semester pre-printed on it by the school)
- □ Proof FAFSA submission

The HR Benefits Team will review and respond to your submission; however, this step does not guarantee benefits. It is mainly for budgeting purposes.

Step 2: Tuition Assistance Reimbursement Form Checklist:

Email the following to HRBenefitsTeam@rsfh.com or fax to 843-724-2844 within 60 days of completing the course(s)/semester:

- \Box Official transcript that shows the grades for the course(s) and/or semester that were listed on the Pre-Approval Form.
- □ Invoice/itemized bill (must specify amount of tuition, fees, and other charges and the term, student, and school)
- ☐ Official proof of payment(s)
- You must account for how the total bill for the term was paid. A receipt from the school is only acceptable if it clearly itemizes the amount and source of payments. If it does not, you will have to supply a copy of your cancelled check, credit card statement, verification of grant/scholarship award, or other documentation that details each payment's source. If you receive grants, scholarships, and/or financial aid, you must report these amounts.
- □ Proof of successful completion grade report (certificate or test results if a certification exam)

The HR Benefits Team will review, and if the submission meets the requirements of the Tuition Assistance Policy, a check request will be processed. Reimbursements can take several weeks to process and will be paid by direct deposit to your payroll account.

Important Information:

When submitting your Tuition Assistance Pre-Approval Form and subsequent Tuition Assistance Reimbursement Form, **read** the entire form, neatly **complete ALL items**, and **submit** with required documentation to <u>HRBenefitsTeam@rsfh.com</u>. Avoid delays in processing your claim - please do not submit your information multiple times, send items separately, or include information from more than one semester. Timely processing depends on your clear, accurate, and complete submission.

Please review the RSFH Tuition Assistance Policy for details about this benefit program. If you have questions, contact the HR Benefits Team at HRBenefits Team@rsfh.com or 843-720-8400 option 2.

Taxes:

Roper St. Francis Healthcare complies with governmental taxing policies for tuition assistance.



Tuition Assistance Pre-Approval Form

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

Teammates seeking RSFH tuition assistance for a degree/certification program must submit this form to the HR Benefits Team at least 14 days prior to the start of the course(s)/semester. **Please attach a copy of your class schedule and proof of FAFSA submission.**

1 ea	mmate injormation:			
Na	ame		ID Number	
Jo	b Title		Department	
H	ome Address		Contact Phone Number	
Pro	gram Information:			
Na	ame of Institution		Degree Sought (Associates, Bachelors, Masters or Certification)	
	emester/Program art Date		Semester/Program End Date	
	ajor, if degree eking program		If Certification, Exam Date	
	ourse(s) this mester			
my incl I als mus but I ac con	Pre-Approval Form is a uding, but not limited to so understand that if I rest be utilized first before not limited to enrollment knowledge I must remain	pproved, assistance is no b, meeting eligibility required ceive RSFH sponsored stadditional tuition assistant, technology or graduation actively employed at F	I and understand the RSFH Tuition Assistant guaranteed if I do not meet the terms and chirements and achieving minimum grades in cholarships (Professional Development Numbers of the considered of the considered application is ion fees are not considered tuition and are, the RSFH in a benefits-eligible status for at least to reimburse Roper St. Francis Healthcare and Date:	conditions outlined in the Policy, each of my courses. sing Scholarships, etc.), those funds fees, books, and other fees including herefore, not reimbursable. 18 months. Failure to satisfy the
Lea	der Signature:		Date:	
***	YOR ONLY			
HK	USE ONLY: Teammate's Current FTE		Last Benefit Eligible Date	
	Hire Date		Approved/Denied	
	If denied, please provide rea	ison	Conditional tuition assistance amount	
	Benefit Specialist		Date Teammate Notified of	



Tuition Assistance Reimbursement Form

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

Teammate Information:

Date Check Request Submitted

Name	ID Number
Job Title	Department
Home Address	Contact Phone Number
Acknowledgement: I acknowledge that I have read and unders	nd the RSFH Tuition Assistance Policy.
	byed at RSFH in a benefits-eligible status for at least 18 months. Failure to satisfy the having to reimburse Roper St. Francis Healthcare as outlined in the Policy.
I have attached the following required doc	ments for review:
□ Invoice/itemized bill (must specify amout of the invoice of payment(s) - You must account for how the to itemizes the amount and source of card statement, verification of grantering grants, scholarships, and	or the course(s) and/or semester listed on the Pre-Approval Form. It of tuition, fees, and other charges and the term, student, and school) It is all bill for the term was paid. A receipt from the school is only acceptable if it clearly payments. If it does not, you will have to supply a copy of your cancelled check, credit at/scholarship award, or other documentation that details each payment's source. If your financial aid, you must report these amounts. Boott (certificate or test results if a certification exam)
Teammate Signature:	Date:
Leader Signature:	Date:
HR USE ONLY:	
Teammate's Current FTE	Last Benefit Eligible Date
Hire Date	Approved/Denied
If denied, please provide reason	Check Request Amount

Benefit Specialist

^{*}Attach a copy of this form, the pre-approval form and supporting documentation to the check request*