



TUITION REIMBURSEMENT APPLICATION

Date of Application: _____

Employee Information		
Name:	Date of Hire:	
Department:	Position:	
Hours Worked Per Week:	Full Time or Regular Part Time	
School Information		
School Name:		
Address:		
Major Area of Study:		
Tuition Cost Per Credit Hour:		
Course Dates:		
Beginning Date: _____ End Date: _____		
Enrollment Information		
Course Name/#:	Credit Hours:	Semester:
Course Name/#:	Credit Hours:	Semester:
Course Name/#:	Credit Hours:	Semester:

I understand that if I am approved to utilize the tuition reimbursement benefit offered by Jefferson City Medical Group, I am committed to work for the group no less than one year following completion of the course. If I leave employment before one year, I am responsible for paying back the tuition on a pro-rated basis. Furthermore, I understand that any disciplinary action will disqualify me from the program for six (6) months, barring any additional discipline. I also understand that a change in my employment status (full time to regular part time, or regular part time to full time) can alter the amount of tuition reimbursement I am entitled to utilize.

Employee Signature: _____ Date _____
 (Please submit form to your department supervisor)

Total Reimbursement to Date: _____



Date Application Received: _____ Approved: _____ Disapproved: _____

Supervisor: _____ Date: _____

COO: _____ Date: _____

Date Application Received: _____ Approved: _____ Disapproved: _____

Human Resources: _____ Date: _____

