



## **Educational Assistance/Tuition Reimbursement Request Information**

Full-time and part-time employees in good standing, working on a weekly basis and employed for at least six months, are eligible to apply for tuition reimbursement. You can apply for up to \$500 in tuition reimbursement two times each calendar year. Reimbursement can be for continuing education through an accredited program that either offers growth in an area related to your current position or that may lead to opportunities for promotion.

**Timeline:** MDS will allocate \$3,000 each half of the fiscal year (July 1 and January 1) for a total of \$6,000 annually. Funding is available on a first come, first served basis.

**Education Options:** College credit courses, continuing education unit courses, seminars and certification programs that are job related.

**Restrictions:** Tuition reimbursement does not include the cost of books and materials.

**Documentation:** Receipts and a copy of the final grade or certification received must be provided. Employees must receive a passing grade of "B" or its equivalent or obtain a certification in order to receive reimbursement.

**How to apply:** Complete the Education Assistance/Tuition Reimbursement Request Form (Below) and submit it to your Supervisor. All requests will be reviewed by the Executive Director or their Designee.



**Education Assistance/Tuition Reimbursement Request Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Course title: \_\_\_\_\_ Course dates: \_\_\_\_\_ to \_\_\_\_\_

Name of institution providing the training: \_\_\_\_\_

\*Tuition: \$\_\_\_\_\_ \*Reimbursement does not include the cost of books or material for the course.

Please explain how this course/training relates to your job at MDS:

Reason: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

**Department Recommendation**

Employee in good standing, working on at least a weekly basis and has completed six months of employment.

Support the request for reimbursement.       Do not support the request for reimbursement.

Reason: \_\_\_\_\_

\_\_\_\_\_  
Department Director signature

\_\_\_\_\_  
Date

**MDS Approval**

Approved

Not approved

Reason: \_\_\_\_\_

\_\_\_\_\_  
Executive Director or Designee signature

\_\_\_\_\_  
Date