

LIBERTY HEALTHCARE GROUP
EDUCATIONAL ASSISTANCE REQUEST FORM – PART I

Parts I and II are to be completed by the employee and given to the supervisor along with a current resume. Part III is to be completed by the employee's Administrator or equivalent level of management.

Date: _____ Division/Branch/Department: _____

Employee Name: _____ Position Title: _____

Address: _____

University/College/Organization: _____

Course of Study/Certification: _____

Credits/Certification Earned: _____

Course Description: _____

Adjusted Work Scheduled (if needed): _____

Tuition/Course expenses: \$ _____

Other expenses (books, fees, etc.): \$ _____

*Total Amount Requested: \$ _____

* Actual reimbursement is based upon program guidelines

I certify that the information provided above is true and accurate. I further certify that I have read and understand the terms of the Liberty Healthcare Group Educational Assistance Program and that my request is consistent with the contingencies and restrictions outlined. I also understand that any deliberate misrepresentation on this form **could warrant my exclusion from participation in the educational assistance program.**

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

For employer Use Only

Total Amount Approved By Committee: \$ _____

Authorized Committee Member Signature: _____ Date: _____

Chief Operating Officer Signature: _____ Date: _____

EDUCATIONAL ASSISTANCE REQUEST FORM – PART II

Please provide a brief essay describing how your proposed course of study or professional certification relates to your present job or career enhancement, and how it will enhance your value to the organization.

EDUCATIONAL ASSISTANCE REQUEST FORM – PART III

Manager's Evaluation and Recommendation

Rating on Employees Last Annual Evaluation: _____

Prior Annual Evaluation (if applicable): _____

Has the employee had any attendance or disciplinary issues within the past 12 months? Yes / No

If yes, please provide details:

Do you support the employee's request for educational assistance? Yes / No

Please provide a brief narrative on why you do or do not support this request. If you do support the request, please describe how you believe this education will enhance the employee's value to the organization.