



Human Resources

MEDICAL CENTER HUMAN RESOURCES POLICY NO. 301

A. SUBJECT: Educational Assistance

B. EFFECTIVE DATE: July 1, 2013 (R)

C. POLICY:

To recruit, develop, engage and retain a quality workforce requires investment in the ongoing career and educational goals of employees. The Medical Center provides centrally-funded educational assistance for professional certification and academic coursework. It is recommended that educational assistance be an integrated part of an approved professional development plan designed by the employee and respective manager. This policy does not apply to Professional Development activities.

D. DEFINITIONS:

1. Eligible Employee - Regular full and part-time (20+ hours/wk), flex and management employees who have completed six (6) consecutive months (12 months for RN Clinician 1) of employment with the Medical Center prior to the beginning of a course for which he/she is requesting assistance. Unit-Based and Medical Center Pool and temporary employees are not eligible. Employees must be in good standing at the time the educational assistance request is submitted. Generally, employees who have received formal performance improvement counseling within the previous six months will not be eligible.
2. Eligible Course - must meet one of the following applicable criteria:
 - Academic, for credit, course offered by an accredited school that is of value/benefit to the Medical Center
 - Review course for a Professional Certification that is of value/benefit to the Medical Center as determined by the department primarily responsible for managing the practitioner
 - English as a Second Language (ESL), literacy and related classes
3. Eligible Professional Certification Fees – Certification exam or application fees for a Professional Certification that is of value/benefit to the Medical Center, as determined by the department primarily responsible for managing the practitioner.
4. Educational Assistance – Central or departmental financial support for approved educational activities.

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5. Professional Certification – Confirmation of mastery or competency awarded by a third party, standard-setting organization which results from an assessment process with on-going requirements to maintain certification, such as Certification in Critical Care Nursing (CCRN).
6. Professional Development – Other educational activity or program not resulting in academic credit or certification, such as conferences, certificate programs, professional association programs, training programs, and non-credit continuing education programs.
7. Satisfactory Course Completion – Courses taken for a grade or credit must be completed with a grade of C- or better for undergraduate courses or a B- or better for graduate courses. If the course is not graded, documentation of pass (if pass/fail) shall serve as evidence of course completion.

E. CRITERIA AND GUIDELINES:

1. Educational Assistance applies to part-time study for Eligible Courses and Professional Certification Fees. Courses may be taken at an accredited business school, community college, professional or technical institute, college or university and applies to traditional in-person as well as online courses. Academic coursework must be taken for credit; auditing is not permitted.
2. Educational assistance for Eligible Courses shall be applicable to tuition, registration fees, exam fees and, laboratory fees. Non-education related fees (e.g., activity fees) and expenditures for books are not eligible. Expenses that have been waived or paid through other sources (e.g., veteran's educational payments, scholarships, and grants) are not eligible.
3. Centrally-funded educational assistance of up to \$2,000 per calendar year will be provided for Eligible Courses. Additional central-funding, up to a total of \$5,250, may be provided for employees occupying a position identified as "hard to fill", or employees pursuing the degree requirements for a "hard to fill" position.
4. Educational Assistance for Eligible Professional Certification application and/or exam fees is available for up to \$325 per calendar year.
5. Generally, the total number of Eligible Course credits per semester (fall, spring, and summer) should not exceed 7 undergraduate credits or 6 graduate credits.
6. Professional Development activities, as defined in Section D. 6 above, are not covered under this Policy, but may be funded by the employee's department.
7. Approved educational assistance benefits will generally be provided as a reimbursement to the employee after successful completion of the course or professional certification. However, employees with two (2) or more years of continuous employment, who have a base annualized salary of \$45,000 or less, are eligible for tuition advance. Also, employees enrolled in academic courses taken for credit at University of Virginia and approved for education assistance under this Policy will be eligible for tuition advance.
8. The employee will lose eligibility for reimbursement of any approved educational assistance funding if he/she does not complete the course satisfactorily, drops or withdraws from the course or terminates Medical Center employment (except when transferring employment to the Academic Division of the University).

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9. Employees are responsible for monitoring their use of the Educational Assistance Program to ensure that payment limits are not exceeded and their requests are in compliance with policy requirements.

F. PROCEDURES:

1. Advance Payment Requests - Those employees who qualify for tuition advance (see Section E.7) must submit an Educational Assistance Request Form prior to registering for the class. The form must be completed by the employee and given to the department manager. The manager is responsible for certifying the accuracy of the information in Section II of the form and approving any departmental funding. An itemized listing of tuition expenses must be included with the form. Once the form is complete, all documentation should be forwarded to Human Resources as instructed on the form. Human Resources shall submit all required documentation to Medical Center Accounts Payable to initiate payment to the educational institution. Within thirty (30) days after course completion, the employee shall submit evidence of satisfactory course completion to Human Resources or repay the advance tuition amount.
2. Reimbursement Requests – Employees or courses that do not qualify for advance payment will be processed as a reimbursement to the employee following successful completion of the course. The employee is responsible for reviewing this policy to ensure that all eligibility criteria are met prior to registering and paying for the course. Following successful completion of the course, the employee must submit an Educational Assistance Request Form along with original receipts for paid tuition, a detailed accounting of all charges and payments to the educational institution for that course, and evidence of satisfactory course completion to Human Resources.
Note: Expenses that have been waived or paid through other sources such as scholarships or grants are not eligible for reimbursement. Reimbursements will be included in the employee's paycheck within three weeks of approval.
3. An Educational Assistance Request Form must also be submitted following successful completion of an eligible Professional Certification. The request for reimbursement of application/exam fees must include departmental approval of the Professional Certification, as per the requirements of this Policy set forth in Section D.4, and must be documented in Section II of the Form.

G. MODIFYING WORK SCHEDULES:

The manager is responsible for determining if the credit load and/or Eligible Course schedule requested will interfere with the employee's work commitment or performance. In instances where a regular full-time or Flex employee requests to take an Eligible Course during working hours, the Manager, in his/her discretion, may adjust the employee's work schedule to attend one Eligible Course of no more than three semester credit hours (or equivalent), provided the work schedule adjustment will not unduly interfere with the staffing of the department. The manager's approval or denial of the work schedule adjustment or use of Paid-Time-Off (PTO) must be documented on the Educational Assistance Request Form. Part-time employees must take classes outside the work schedule.

H. TAXATION:

The dollar value of Educational Assistance provided through this policy, as well as any scholarship funding or other employer-sponsored educational benefit program, may be taxable income depending

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on the total value received in a tax year. Education benefits exceeding \$5,250 in a calendar year are taxable income. Appropriate taxes will be withheld for education benefits provided in excess of \$5,250 each year. Federal tax laws regarding tuition benefits are subject to change and these changes may have a significant impact on an individual's tax liability. Information regarding federal tax regulations is available from various sources such as, but not limited to, the Internal Revenue Service, certified public accountants, accounting firms and other companies providing individual tax services. Employees should refer to IRS Publication 970 for detailed information on Tax Benefits for Education.

I. SEPARATION FROM EMPLOYMENT:

Employees who leave Medical Center employment, and are not transferring to the Academic Division, will be required to repay any educational assistance reimbursement amounts received within twelve (12) months prior to termination, and any tuition advance payments for courses that are completed less than twelve (12) months prior to termination. Appropriate deductions will be made to recoup the full amount of these assistance payments from the employee's final pay.

SIGNATURE:



R. Edward Howell, CEO, UVA Medical Center

DATE:

6/20/13

Medical Center Human Resources Policy No. 107 (R)

Approved January 2004

Revised August 2004, March 2006, December 2006, May 2007, June 2008, September 2008,
March 2009, March 2011, June 2013

Approved by Chief Human Resources Officer

Approved by Medical Center Administration

**UNIVERSITY OF VIRGINIA MEDICAL CENTER
EDUCATIONAL ASSISTANCE REQUEST FORM**

INSTRUCTIONS

Educational assistance requests will be processed in accordance with the Medical Center's Educational Assistance Policy (301). **Section I** of this form should be completed by the requesting employee listing courses and/or professional certification for which funding is being requested. **The form (along with a detailed financial statement from your school) should be submitted to the department manager.** The manager completes **Section II** answering questions and authorizing payment of any departmentally-funded benefits. **The form and any supporting documentation should then be faxed to the Human Resources Customer Service Center at (9) 244-7535** (NOTE: This is an outside line, so if you are faxing from within the Medical Center, you need to dial 9 first), or send by interoffice mail to Box 800411.

SECTION I – EMPLOYEE CERTIFICATION

Name (Last, First, MI):		Employee ID#:	
Job Title:		Department:	
Home Address:			
Student ID#	Work Phone:	Home Phone:	
E-mail Address:			

COURSE(S) REQUESTED (Include all courses for central or departmental funding this semester):

Course Number and Title	Course Dates (actual beginning and end dates)	School (list full name and address or attach reference document)	Credit Hrs	Tuition & Fees

- Will the course(s) listed above meet one of the following criteria? **(check all that apply)**
 - Accredited academic course that is of value/benefit to the Medical Center
 - Review course for a professional certification approved by your department
NOTE: Review course reimbursement will not occur until after successful completion of certification exam. Please submit paperwork **after** you receive confirmation that you have passed the exam.
 - English as a Second Language (ESL), GED, literacy and related classes
- Is this course part of a degree program? Yes No If yes,
 - Undergraduate Graduate
 - Course of Study _____
 - Degree title (i.e., B.A., B.S., BSN, MA) _____
 - Expected date of graduation _____
- Total semester credit hours requested: ____ If this exceeds the recommended total of 7 undergraduate credits or 6 graduate credits per semester, provide information supporting the need for the additional credit hours: _____
- If a course will require your absence during work hours, please indicate schedule adjustment or PTO hours requested: _____
- If you are not currently employed in a "**hard to fill**" position in the Medical Center, will this degree program prepare you for employment in one of these job classifications? Yes No
If yes, please indicate the "hard to fill" job classification that you are pursuing _____

Exhibit OO5.a

6. Are you eligible for advance tuition payment (UVA course **or** an annual base salary of \$45,000 or less and two or more years of continuous employment)? Yes No

7. When payment is processed:

- ❖ Reimbursements will be added to your paycheck within the next three weeks after receiving an e-mail from Human Resources. These funds will be designated as *Educational Benefit Non-Taxable*.
- ❖ Advancements will be paid to the school and the employee will be notified by e-mail when the payment has been sent to Accounts Payable.

NOTE: All pre-pays to PVCC will be sent directly to PVCC – you will receive a confirmation email explaining the details.

PROFESSIONAL CERTIFICATION REQUESTED:

Initial Certification,

Re-certification

Certification Title & Abbreviation	Certifying Body	Date of Exam	Certification Expenses
			Exam Fee \$ _____
			Re-cert Fee \$ _____
			Materials \$ _____

I acknowledge that I have read [Educational Assistance Policy #301](#) and this request is in compliance with the provisions of that policy. I understand that Educational Assistance may be taxable income to me if the total value received exceeds \$5,250 in a tax year. I agree to reimburse the Medical Center for the full amount of education assistance provided under this request in the event that I do not satisfactorily complete the course, or if I drop or withdraw from the course, or if I fail to meet the continued employment requirements under Educational Assistance Policy #301. My signature below constitutes my written authorization for the Medical Center to deduct through payroll withholding any amounts owing and due to the Medical Center under the terms of Educational Assistance Policy #301.

Employee Signature: _____

Date: _____

SECTION II – MANAGER CERTIFICATION

1. Has the employee named above received formal performance improvement counseling within the last 6 months?
 Yes, No If yes, please explain:
2. If the total semester credit hours requested in #3 above exceeds the recommended level, do you approve the request? Yes, No, Not Applicable
3. Is the schedule adjustment or PTO request identified in # 4 above approved? Yes, No, Not Applicable
4. If this request is for reimbursement of professional certification exam fees (or review course fees), is the identified professional certification approved by your department?
 Yes, No, Not Applicable
5. For staff not eligible for \$5,250 from central funds (i.e., not currently in or working toward a “hard-to-fill” job title), if total amount of educational assistance requested on this form exceeds \$2,000, what is the maximum departmental funding approved to cover eligible expenses above this limit?

\$ _____ Department code to be charged: _____

PRINT Name and Title of Authorizing Manager: _____

Manager Signature: _____

Date: _____

NOTE: Form MUST be signed by actual cost center Manager or Director to approve use of departmental funds.