



RCUH Tuition Reimbursement Application Form

Instructions: Complete this form and attach a copy of your Course Registration/Receipt. Your complete application must be turned in to the RCUH Human Resources Department NO LATER THAN the close of business 2 days prior to the first day of instruction of classes in the applicable semester.

PLEASE SUBMIT COMPLETED APPLICATION TO: RCUH_ADMIN@RCUH.COM

SECTION 1

Employee Name: _____ Employee Number: _____

Phone Number: _____ E-mail Address: _____

Job Title: _____ Project: _____

Principal Investigator(s): _____

SECTION 2

University of Hawaii Campus: Manoa Maui Hilo Other*: _____

**If attending a course of instruction outside of the University of Hawaii system, please attach the current tuition and fee schedule for your school, a current course description, and justification that it is a course not similarly offered at a UH campus.*

Course Semester: Fall Spring Summer Course Start Date: _____ Estimated Completion Date: _____

Course Number/Name: _____ Course Level: Undergraduate Graduate

Course Description: Please describe the course and its relevance to your position at RCUH (Attach additional page if necessary.)

Credits Requested (max 3 credits per semester): _____ Cost per Credit: \$ _____

Total Tuition Reimbursement Requested: \$ _____ Receipt/Confirmation of Course Registration Attached

SECTION 3

Applicant Certification of Awareness (Please initial next to each item as acknowledgement):

_____ I am not receiving any other type of educational assistance through the GI Bill, scholarships, or other tuition reimbursements.

_____ I am not on a disciplinary or leave status.

_____ RCUH will reimburse up to the cost of three (3) credits per academic semester or nine (9) credits per calendar year and the rate will be limited to the cost per credit for Hawaii residents at UH Manoa.

_____ I will submit my final grade report to the Director of Human Resources within thirty (30) days of course completion with a grade of "C" or better.

_____ This program may be modified or terminated at the discretion of the RCUH Board of Directors.

I have read the RCUH policy pertaining to the Tuition Reimbursement Program (3.460) and agree to abide by the requirements as stated. I understand that I am responsible for my own tuition bills regardless of the amount of assistance provided by the RCUH.

Applicant Signature Effective

Date

SECTION 4

Employee's Name: _____ Course Start Date: _____

Principal Investigator's Review and Endorsement

I have discussed the contents of this application with my employee and I agree that the course is job related to his/her position description. I am providing additional justification if this course is not directly related to my employee's position description (i.e. stated in the minimum qualifications), however I believe the course has relevance to this employee's job. I have ensured that the course does not interfere with work scheduling and/or project needs.

Principal Investigator Signature

Date

Print Name

**PLEASE SUBMIT COMPLETED APPLICATION TO
RCUH_ADMIN@RCUH.COM**

Completed Application:

- ✓ A complete Application and PI Review
- ✓ Course Registration/Receipt (attached)
- ✓ Course Description (attached if needed)

INTERNAL PROCESSING (RCUH HR STAFF USE ONLY)

FTE (%): _____ Regular (Y/N): _____ Hire Date: _____ Verified By: _____
Total credits approved this calendar year? _____ Total reimbursements approved this calendar year: \$ _____
Date Complete Application Received: _____

STATUS OF APPLICATION

_____ Application is approved for the reimbursement amount of _____.

_____ Application is denied due to _____

Director of Human Resources &
Chair, RCUH Tuition Reimbursement Program Committee

Date

INTERNAL PROCESSING (RCUH HR STAFF USE ONLY) Active Employee (Y/N): _____ FTE (%): _____
Record of Course Completion (Grade of "C" or Better): _____ Date Grade Records Received: _____

Total Reimbursements approved this calendar year including this reimbursement: \$ _____ Over IRS Limit (Y/N): _____ Notified Payroll: _____

RCUH Authorization to Process Reimbursement

Date