

	ENTITY/HOSPITAL	NUMBER
	INTEGRIS Health	SYS-HR-140
	MANUAL	EFFECTIVE DATE
	System HR Policy	9/76
	SUBJECT	REVISED
	Education Reimbursement ATTACHMENT 1 Application	6/04, 2/07, 1/08, 9/13, 1/14, 4/15; 5/16

APPLICATION FOR EDUCATION REIMBURSEMENT

Request for Reimbursement (*Please type or print*)

Employee Name: _____ Employee ID: _____
 Home Phone #: _____ Dept Phone #: _____
 Hire Date: _____ Position: _____
 Department Name: _____
 Status: Full-time Regular Part-time

Degree/Licensure/ Certification _____ Speciality: _____ Completion Date: _____

I have received \$ _____ In other assistance from _____

***Please do not list INTEGRIS Nursing Loans or Grants that have to be paid back.**

Course # & Title	Tuition paid for course	Mandatory fees	Textbook charges	Began	Ended	Grade

Paid receipts for tuition, required fees and books MUST BE ATTACHED along with documentation for course completion and grade(s). All items must be submitted within ninety (90) days after completion of each course (or program term, if applicable). FAX directly to (405) 713-4526 or interoffice to Human Resources, Dept 001.7062

I understand and agree to all of the eligibility requirements and other guidelines and standards as stated in the Education Reimbursement Policy of the INTEGRIS System Policies. I further understand that participation in the program does not guarantee continued employment, promotions or reassignments.

Employee Signature _____ Date _____

Manager Signature _____ Date _____