



Name _____ Date of Hire _____ Date of Application _____

Tuition Reimbursement Policy: The Tuition Reimbursement Policy provides 100% of the cost of their program for tuition reimbursement for undergraduate degrees, graduate degrees, laboratory fees, registration fees, and professional license exam fees up to a total of \$5,250 per calendar year. This benefit is available to assist employees in enhancing their education, skills, and knowledge, which will directly improve or further the employee’s capabilities in their current position or career path at Magen David.

- The benefit is available to **all full time employees** who are employed at least 120 days.
- The course or degree must be approved by the Principal and Executive Director PRIOR to the start of the course. Courses taken before proper approvals may be denied for reimbursement.
- The employee must attend an accredited institution that awards undergraduate or graduate degrees and the program must be relevant to the employee’s current position or relevant to the employee's career development at Magen David.
- The course must start **AFTER** the employee is employed at least 120 days.
- Employees must receive a grade of B or higher for each course or “Pass” for non-graded courses. No reimbursement will be provided for grades below a B.
- The employee must ensure that the course of study does not interfere with his or her work requirements.
- Employees will be required to submit appropriate documentation showing that they paid for the course. They will be reimbursed after completing the course and submitting the appropriate documentation (grades and receipt of payment).
- Employees will only be reimbursed for the amount they are personally responsible for, up to \$5250 per calendar year, after any applied Federal Grants, Pell Grants, and/or Scholarships.
- Employees will be required to work at Magen David for one additional year after reimbursement or refund the money.

I request approval to take the following course(s):

Course Name(s)	_____	_____
School	_____	_____
Reason for taking course	_____	_____
Beginning Date	_____	_____
Completion Date	_____	_____
Schedule	_____	_____
Estimated Tuition and Fees	_____	_____

I understand that I must pay the cost of tuition and fees in advance, and upon successful completion of the course(s), Magen David will reimburse me as outlined above. I understand that I must furnish a grade report and receive a grade of B or better and receipts of expenses before reimbursement will be made. I also understand that I will be required to work for Magen David for one additional year after reimbursement or I will be required to repay any amount received.

Employee Signature _____ Date _____

Principal Approval _____ Date _____