

SECTION 127 EDUCATIONAL ASSISTANCE PLAN APPLICATION

Eligible employees may be reimbursed for up to \$1000 in a calendar year subject to availability of funds.

Basic requirements:

- **Have all other resources been researched for money at the facility level, i.e., DHS scholarships?**
- Employee must have acceptable attendance and performance (no formal corrective action, including verbal warning, in the preceding 6 months).
- Employee must be authorized to work at least 40 hours per pay period.
- Employee must have at least one year of service with Ebenezer.
- Class must be related to current position or prepare employee for advancement or another position within Ebenezer (or the Fairview system).
- Class must be at an accredited college, university or technical school.
- Application must be submitted **no later than 30 days before** the beginning of the course.
- **To be reimbursed, original receipt of payment, an Employees Expense Report and copies of a passing grade** need to be sent to Corporate Human Resources.
- **Upon receiving reimbursement employees are expected to complete a minimum of one year of additional service and maintain 40 hours per pay period for a minimum of one year.**
See Educational Assistance Plan document for details.

Name _____ Person # _____ Date of Hire _____

Current Position _____ Location _____

Home Telephone _____ # Hours Worked Per Pay Period _____

Address _____

Amount Requested \$ _____

Applicant: To be considered for assistance under the plan you must attach the following:

1. Name and address of educational institution
2. Course description
3. Documentation showing cost of tuition and other reimbursable expenses
4. **An explanation of how this will help you in your current job, and/or prepare you for advancement or another position within Ebenezer** (or Fairview system). *You may use the back of this form.*
5. **Submit this form to your Manager for approval. Your Manager will then submit your application and supporting documentation to Ebenezer Corporate Human Resources Office, 2722 Park Avenue S, Minneapolis, MN 55407.**

For Office Use Only

Manager Approval (signature): _____ Date: _____

HR Approval: _____ Date: _____

Application: _____accepted _____denied Have DHS Funds been applied for? _____ Amount Paid: _____

COMMENTS: