

REIMBURSEMENT APPLICATION

Location Name:

Last Name	First Name:	Date of Hire
Team Member ID:	Scheduled Hours Per Week	Job Title

COURSE/PROGRAM DESCRIPTION:

<u>Name of School/Program:</u>					
<u>Address:</u>					
<u>Course/Certification Name</u>	<u># of Credits</u>	<u>Begins</u>	<u>Ends</u>	<u>Grade</u>	<u>Est. Cost</u>

Course Type: (Circle One)

College Degree, Tuition, Books

- If for a degree, select: Associates or Bachelor (Circle One)

Professional Designation/Certification Class

Professional Development Webinar/Seminar

Professional Conference

Licensee Renewal/Continuing credits (if not required for your job)

Focus Area/Subject: (Circle One)

Nursing

Business

Healthcare

Administration

Human Resources

Finance

Other

In filing this application for Tuition Reimbursement, I certify that I have read and understand the provisions of the AlerisLife, Inc. Tuition Reimbursement Policy. Within 30 days of course completion, I shall submit satisfactory evidence of course completion, grade, and a paid tuition receipt.

Team Member Signature/Date

Signature of Department Manager/Date (Ageility Only)

FOR INTERNAL USE ONLY

III. HOME OFFICE APPROVAL

<u>Status:</u>	<u>Reimb. Amt.:</u>	<u>School Yr.:</u>	<u>Reimb Amt. Used This Year:</u>	<u>Amount Rmg:</u>
<u>Official Grade:</u>	<u>Verified Current Employment Status:</u>	<u>Verified DOH:</u>	<u>Receipt of paid Tuition amount:</u>	