

Purpose:

The Five Star Home Health Care Tuition Reimbursement Assistance Program is designed to help employees further their knowledge, skills, and job effectiveness through higher education in fields of interest to the company.

Eligibility Guidelines:

To be eligible to participate in Five Star Home Healthcare's Tuition Reimbursement Assistance Program, the employee must:

- Have past their sixth month anniversary from date of hire to qualify.
- Be a regular, full-time employee in good standing. Full-time is defined as at least six months of employment with an average of 35 hours per week.
- Receive education from an accredited educational institution.
- Be able to show clear alignment between the employee's educational ambition and the organization's needs.
- Submit and receive signed pre-approval from their supervisor for coursework / program being considered.

Tuition Reimbursement Provisions:

The program will pay 100% of tuition and other mandatory, incidental expenses required for enrollment as follows:

- \$ 3,400 maximum reimbursement per calendar year for all formal education towards a degree within the fields of interest to the company.
- Successful completion of coursework with a grade of "B" or equivalent or better required for tuition reimbursement to be granted.
- Cost for books, travel, testing and field trips will not be reimbursed under his program.
- To participate, employees must obtain their supervisor's pre-approval before enrolling in the desired course and/or degree program.
- Payment will only be made to the individual upon successful completion of course.

Tuition Reimbursement Process:

The company will pay the maximum reimbursement amount each calendar year according to the provisions listed above regardless of when the semester or class ends.

To receive reimbursement for pre-approved course / program work, the employee must:

- Submit to department head legible copies of the following:
 - College/University/Accredited Institution invoice or statement indicating fees charged and the amount paid. (The invoice must contain the school's name and address).
 - A copy of the payment made (cancelled check, credit card statement)
 - College/University/Accredited Institution grade card/report card that indicates the employee's name, quarter/semester, course name(s), and grade(s) for the term.

Reimbursement to employee will be made within 14 days of receipt of legible copies of above for all pre-approved coursework.

Early Termination:

An employee who leaves employment before two years of receiving reimbursement will repay the Company via payroll deduction for a pro-rated amount of the tuition/course expense. The pro-rated amount will be based on the amount reimbursed divided by 24 months, and then multiplied by the amount of the time the employee has left to fulfill the Agreement.



Tuition Reimbursement Assistance Application

Name: _____ Date: _____

Department: _____ Location: Chantilly Winchester

Course/Program Name(s): _____

Semester _____ Year _____

Course Dates: _____ to _____

Degree/Certification Sought: _____

If degree program, estimated time to completion: _____

Name of Institution: _____

Address of Institution: _____

Course(s) for which you are applying for Reimbursement:

Course(s) / Semester Expenses:

Tuition: _____

Registration: _____

Fees: _____

Total: _____

Development Objective (what long-term goal is this program/course(s) intended to help you reach):

Employee Signature: _____ Date: _____

****Internal Use Only****

Supervisor Recommendation: Grant _____ Deny _____

Supervisor Signature: _____ Date: _____

Administrator Decision: Grant _____ Deny _____

Administrator Signature: _____ Date: _____

Rationale: _____
