

## **Tuition Loan Repayment Application – Nurses Unit**

Personal Information							
Department Name	Employee ID	Last Name, First Name	<b>Contact Phone Number</b>	mber Email Address			
Mailing Address		City	State	Zip			
Job Code Title		Are you participating in another	How much eligible loan repayment program tuition				
		tuition repayment program?	did you pay last year?				
		🗌 Yes 🗌 No	\$				
Lender Information							
Name Mailing		g Address	City	State	Zip		
Name Mailing		g Address	City	State	Zip		
Employee Certification:							
l understand that:							
• The Tuition (student) Loan Repayment Program provides reimbursement of employee's student loan obligations on an annual basis in							
accordance with the provisions outlined in your applicable Memorandum of Understanding (MOU). Reimbursement is for tuition paid							
for employee only (dependent loans do not qualify).							
<ul> <li>The student loan repayment is a taxable benefit and will be added to my taxable gross income.</li> </ul>							

- Imay not participate in another tuition loan repayment program. Loan for giveness programs are not considered repayment programs for purposes of the Tuition Loan Repayment Program.
- I will be required to provide documentation in accordance with the provisions outlined in my MOU and supporting documentation will be required for approval of my repayment.\*
- I may only claim one repayment per fiscal year in accordance with the amounts and provisions set forth in my MOU.\*
- Payment will be issued within thirty (30) days from the date Employee Benefits and Services Division (EBSD) approved your request.

I certify that:

- I have completed my degree for which I am requesting tuition repayment.
- I am in active repayment status for my student loan and I am not in default status.
- I am not participating in another tuition loan repayment program.
- I have not received education funds from the County to pay for the degree for which I am requesting tuition repayment.
- I am requesting repayment for tuition paid for completion of my degree and not that of a dependent.
- All of the information above is true and correct.

\*Please see Application Requirements on page 2 for more information

Employee (Print & Sign)	Date

This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

	Appointing Authority (Print & Sign)	Date			
HR Office Use Only					
HRBP Validation					
🗌 Yes 🗌 No	Is employee in a regular position and scheduled for at least 72 hours per pp? HRBP EE ID:				
🗌 Yes 🗌 No	Is employee in paid status? HRBP Initial:				
🗌 Yes 🗌 No	Was employee's last WPE a meets standards or above?				
🗌 Yes 🗌 No	Is employee on a current work performance improvement plan? Date:				
🗌 Yes 🗌 No	Is employee on a current leave restriction plan?				
Benefits Validation					
🗌 Yes 🗌 No	Did employee receive a degree from an accredited college? EBSD EE ID:				
🗌 Yes 🗌 No	Yes No Does employee have a valid unrestricted nursing license? EBSD Initial:				
🗌 Yes 🗌 No	Is student loan qualifying?				
🗌 Yes 🗌 No	Yes No Is student loan in good standing?				
□\$1,000 □\$1,500 Eligible payment amount based on continuous years of service? □\$2,000		Date:			

Distribution: Original–Department HRBP

## **Tuition Loan Repayment Application Requirements**

Submit original completed Tuition Loan Repayment Application and supporting documentation to the assigned Human Resources Business Partner (HRBP). If you are unsure who the assigned HRBP is, please call (909) 387-5570.

Failure to provide the supporting documentation as outlined below will result in denial of your request. Please refer to your Memorandum of Understanding (MOU) for detailed information on the Tuition Loan Repayment Program provisions.

## **Claims Payment:**

Employee must complete an application and submit supporting documentation for each disbursement of loan repayment.

Award amounts are set per year and payment shall not exceed the maximum award amount per year. Eligibility for award is based on two or more continuous years of service with the County. Continuous service is defined as the total length of service employee's date of hire in a regular position with no separation from the County.

Award amounts per year and qualifying years of service are outlined in the table below. For County employees who are currently in a classification in the Nurses bargaining unit, year one will become effective July 1, 2019. For County Employees hired into the bargaining unit after July 1, 2019, year one will be the date the employee entered into a classification in the Nurses bargaining Unit.

Award amount per year effective July 1, 2020	Payment	Qualifying Years of Service
1	\$1,000	2 years of continuous service with the County
2	\$1,000	3 years of continuous service with the County
3	\$1,500	4 years of continuous service with the County
4	\$2,000	5 years of continuous service with the County
5	\$2,000	6 years of continuous service with the County

Employee may be eligible for an additional payment of \$500 over the maximum award amount. The additional award amount is contingent upon availability of funds. Claims above the maximum award amount will be reviewed at the end of the fiscal year in which the claim for payment was submitted.

## **Required Documentation:**

Proof of valid licensure for your position. License must be unrestricted.

Proof of qualifying degree. Qualifying degree is defined as a degree from an accredited college. Statement(s)

from student loan lender that demonstrate the following:

- Loan is in good standing and not in default status.
- Proof of loan payments for the period of time in which reimbursement is being requested