

## OMD Clinical Administrative Policy Educational Reimbursement Policy

DRAFT for MCB Review and Approval 11/11/2020, Effective 12/1/2020; Review Before 12/2023

#### **PURPOSE**:

The MCB/OMD believes it is important to provide an organizational climate where employees can develop themselves. This not only helps the employee succeed, but helps the MCB/OMD meet its existing and future personnel needs.

#### POLICY:

It is our policy to provide financial assistance to an eligible employee for approved educational programs.

This policy applies to all full-time OMD employees who execute consent to payroll deduction form in the event of non-completion or non-compliance.

The MCB/OMD will provide reimbursement up to \$2000/calendar year per employee (to include tuition, books, equipment/lab fees, or technology fees), for satisfactory completion of approved course work towards a degree that can be used to benefit the MCB/OMD.

The employee must provide documentation of degree program from the involved educational institution when applying for the benefit before reimbursement will be granted. Tuition and fees may be paid either by reimbursement to the student, or directly to the institution.

To be eligible for reimbursement, the employee must obtain a C or above in undergraduate coursework or a B or above in graduate coursework.

If the employee fails to complete coursework already paid for, or does not meet the grade requirements, the MCB/OMD will deduct the tuition from the employee's paycheck in 4 equal installments as previously agreed. Grade cards must be submitted within two weeks from the end of the semester (or course if non-semester scheduled) or deductions will commence.



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# MCB/OMD EDUCATIONAL REIMBURSEMENT EMPLOYEE CONSENT FORM

within two weeks after completion or	f each course taken. I also acknowledge and agree that is
do not complete the coursework the l	MCB/OMD has paid for, or do not meet the grade
requirements of a C or above in unde	ergraduate coursework or a B or above in graduate
coursework, the MCB/OMD will be	entitled to deduct paid educational expenses, including
tuition, from my paycheck in four eq	ual installments and I hereby consent to such paycheck
deduction.	
Employee Signature	Date

I have read MCB/OMD Educational Reimbursement Policy, and agree to submit a grade card