



**Central Georgia Health System**  
**Tuition Assistance Reimbursement Program**  
**Career Planning Questionnaire**

(This form is for CGHS employees only)

**Before you begin.** All relevant blanks must be completed, either typed or printed legibly in blue or black ink. The form must be signed, dated, and submitted through your supervisor and department director with all required attachments. When the application is complete, new applicants must schedule an interview with the Education Assistance Coordinator. Only completed applications will be submitted to the Education Committee for review.

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_ Extension \_\_\_\_\_

Employment Status: Regular Full-time \_\_\_ Regular Part-time \_\_\_ Flex/Temporary \_\_\_ Hours Per Week: \_\_\_\_\_

Education Completed: High School \_\_\_ Associates \_\_\_ Bachelors \_\_\_ Masters \_\_\_ Other \_\_\_\_\_  
 Degree(s) held: \_\_\_\_\_

Current Goal: (Specify one goal only.) Technical Certificate \_\_\_ Associates \_\_\_ Bachelors \_\_\_ Masters \_\_\_

Name of certificate/degree \_\_\_\_\_ School \_\_\_\_\_

School location \_\_\_\_\_ Type of program? Traditional (On campus) \_\_\_ On-line \_\_\_

Date accepted or expected to be accepted? \_\_\_\_\_ (mo. /yr.)

Expected date of graduation? \_\_\_\_\_ (mo. /yr.)

Eligible for a Hope Grant/Scholarship? Yes \_\_\_ No \_\_\_ If yes, approved? Yes \_\_\_ No \_\_\_

Prior CGHS educational assistance received? Yes \_\_\_ No \_\_\_ Amount received: \_\_\_\_\_

How many semesters/quarters per year do you plan to attend school? \_\_\_\_\_

Total amount requested from CGHS: \$ \_\_\_\_\_

First reimbursement needed for \_\_\_\_\_ (School Term/Year).

How many terms do you plan to attend each year? \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Required Attachments:** (Please check when attached.)

- \_\_\_ Brief summary of why you chose this field of study and why CGHS should provide tuition assistance.
- \_\_\_ Curriculum outline.
- \_\_\_ Proof of acceptance to school.
- \_\_\_ Proof of Hope Scholarship/Grant application, if eligible.
- \_\_\_ Signed Contingent Repayment Obligation.

**Upon submitting the completed application package and required documentation, you will be contacted by Human Resources to schedule an interview to finalize the application process. Only completed applications will be considered.**

**This section to be completed by the employee's Supervisor and Department Director:**

Does the employee have satisfactory work performance? Yes \_\_\_ No \_\_\_

Is the employee in a non-disciplinary status with no current written warnings and probation? Yes \_\_\_ No \_\_\_

Will the above technical certificate/degree program help the employee:

- a. Meet responsibilities of current position? Yes \_\_\_ No \_\_\_
- b. Meet requirements for promotion with current department? Yes \_\_\_ No \_\_\_
- c. Meet requirements for promotion to other positions within CGHS? Yes \_\_\_ No \_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Extension \_\_\_\_\_

Approval Recommended \_\_\_ Approval Not Recommended \_\_\_ Comments: \_\_\_\_\_

Department Director's Signature \_\_\_\_\_ Date \_\_\_\_\_ Extension \_\_\_\_\_

Approval Recommended \_\_\_ Approval Not Recommended \_\_\_ Comments: \_\_\_\_\_

**This section to be completed by Human Resources with concurrence of Educational Assistance Committee:**

Approved \_\_\_ Not Approved \_\_\_ Amount Approved: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

**Central Georgia Health System**  
**Tuition Reimbursement Program**  
Contingent Repayment Obligation

For value received, the receipt and sufficiency of which I hereby acknowledge, I, \_\_\_\_\_  
(Please Print Name)

promise to repay Central Georgia Health System, Inc., hereinafter referred to as CGHS, the total sum of such amounts paid to me and/or paid on my behalf for my participation in the Tuition Reimbursement Program under the following terms and conditions:

- A. If employed by CGHS, forgiveness will begin with the date of the last disbursement.  
In compliance with IRS regulations for employer educational assistance, forgiveness is provided as tax-free income up to \$5,000 per calendar year
  - There will be a work commitment for forgiveness of one calendar year, from each disbursement.
  - For 10 or more years of service at the time of last disbursement, there is no additional work requirement.
  
- B. The entire amount of assistance received is due and repayable if not employed by CGHS, if employed and work requirements are not met, or if employment is terminated before the entire amount is forgiven. Repayment will be required at the rate of prime plus 2% with a minimum rate of 8% per year. Minimum monthly payments will be required based on loaned amount; the initial payment may be deducted from the last paycheck.

Time is of the essence of this contract. In the event I should not meet the forgiveness requirements or fail to make a payment when due, CGHS may, at its option, call the entire balance due plus interest and all costs of collection including collection fees of 18% of the balance of principal and interest, copy fees, court costs, and attorney's fees if collected by or through an attorney at law.

Forbearance to exercise any option or right by CGHS with respect to any failure or breach of the undersigned shall not constitute a waiver of the right or option as to any subsequent failure or breach.

I hereby waive for myself and my family, any and all homestead and exemption rights which any of them or the family of them have under or by virtue of the Constitution or laws of the United States of America or of any state as against this Contingent Repayment Obligation, any renewal thereof, or any indebtedness represented thereby.

I hereby certify that it is my intent to be employed by CGHS in a position for a period of time that will allow me to achieve full forgiveness of the amount of tuition assistance received. I understand that this agreement does not obligate CGHS to continue my current employment or offer me a position in my field of study.

I further certify that I will inform CGHS of changes in my personal contact information, such as address and name changes, and I authorize CGHS, or its designated outside agency, to conduct any background information searches necessary for the fulfillment of this agreement.

\_\_\_\_\_  
Applicant's Seal

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Witness's Name (Please Print)

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date