Research Foundation for Mental Hygiene, Inc.

Educational Assistance Packet

Research Foundation for Mental Hygiene, Inc.
Riverview Center
150 Broadway Suite 301
Menands, New York 12204

Phone: (518) 474-5661
Fax: (518) 474-6995

Business Office Use Only:

Approved: ____ Date: ___/___/___
Percentage Approved:
1. _____
2. _____
3. _____
4. _____
Disapproved: ___ Date: ___/___/___

Application for Educational Assistance

Employee: _____

Address: _____

_____

_____

Work Location: _____

Work Email Address: _____

Work Phone:

Last 4 Digits of Social Security Number __ __ __ __

Date of Hire: ___/___/___

Percent of Effort: _____

Title: _____

ALL FORMS ARE TO BE RETURNED TO YOUR LOCAL HUMAN RESOURCES/PAYROLL OFFICE

Educational Information

- Are you requesting educational leave? Yes If so, indicate the number of hours (maximum 52 per year) _____
- Are you matriculating toward a degree? Yes
- If you indicated "Yes" to matriculating a degree, what are you currently matriculating toward?_____
- Current degree held: _____

Course Information (course description must be attached)

Course Title	Career or Job Related	Number Of Credits	Cost per credit hour	Cost of Course(s)
1.	Job		$	$ 0.00
2.	Job		$	$ 0.00
3.	Job		$	$ 0.00
4.	Job		$	$ 0.00

Estimated Cost Summary

Course (s)	$ 0.00
Books	$
Fees/ Miscellaneous	$
Total Estimated Reimbursement	$ 0.00

If job related course, indicate how it applies to your current position. If career related , indicate RMFH career goal.

_____

_____

_____

Employee signature: _____ Date: _____

Supervisor Signature:_____ Date: _____

Committee Approval:_____ Date: _____

To be completed by supervisor

Description of employee's current job duties:

_____

_____

_____

_____

_____

_____

_____

If course(s) is necessary for employee to maintain or improve his/her current skills, explain how course(s) relate to current job duties.

_____

_____

_____

_____

_____

_____

_____

If requested, do you approve of educational leave? _____

Supervisor Signature: _____ **Date:** _____

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RFMH Tuition Reimbursement Checklist

- ❑ Approved Application for Tuition Assistance
- ❑ Proof of Payment
- ❑ Grade Notice
- ❑ Paid receipt(s) for required textbooks, indicating title of books
- ❑ Copy of course description
- ❑ Financial Aid Form
- ❑ Completed pay order

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The Research Foundation for Mental Hygiene's (RFMH) Tuition Assistance Program is designed to offer eligible employees reimbursement for educational courses. Financial aid from other sources including, but not limited to Federal and State Grants, Veteran's Administration Aid, fellowships, and scholarships must be deducted from the cost of the tuition for RFMH reimbursement. Please verify financial aid status for the following employee.

STUDENT: _____ SS #: _____

COLLEGE: _____

SEMESTER: _____

This is to certify that the above referenced employee did not receive financial aid from federal or state grants, scholarships or fellowships.

_____
(Signature of College Financial Aid Officer and Date)

This is to certify that the above referenced employee received the following financial aid for this semester:

_____

_____

_____

_____
(Signature of College Financial Aid Officer and Date)

_____
(Employee Signature and Date)

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Employee Hire Date: __/__/__
Project: _____
Task: _____
Award: _____
Date Paid: __/__/__

Educational Assistance Pay Order

Employee: _____
Address: _____
_____
_____
Work Location: _____
Work Email Address: _____
Work Phone:

College Attending: _____
Undergraduate/Graduate Course (s) Graduate
Semester Dates From: ___/___/___ to ___/___/___
Educational Leave Requested: Yes ☐ No ☐
Educational Leave Approved: Yes ☐ No ☐
Hours of Educational Leave {52 per year} _____

Course Titles	Grade	Credits	Cost Per Credit Hour	Total Cost	Employee Percent of Effort	Percent Approved	Amount to Be Paid
				$0.00		0.00%	$0.00
				$0.00		0.00%	$0.00
				$0.00		0.00%	$0.00
				$0.00		0.00%	$0.00

Books	Cost	Employee Percent of Effort	Percent Approved	Amount to Be Paid
			0.00%	$0.00
			0.00%	$0.00
			0.00%	$0.00
			0.00%	$0.00

Fees/Miscellaneous	Cost	Employee Percent of Effort	Percent Approved	Amount to Be Paid
			0.00%	$0.00
			0.00%	$0.00
			0.00%	$0.00
			0.00%	$0.00

Reimbursement Summary	
Course (s)	$ 0.00
Books	$ 0.00
Fees/ Miscellaneous	$ 0.00
Total Reimbursement Requested	$ 0.00
Actual Reimbursement	$

Employee signature: _____ Date: _____

Approved by: _____ Date: _____

Central Office Approval: _____ Date: _____

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