

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: _____ Social Security Number _____ - _____ - _____

Address: _____ Date of Hire: ___/___/___

_____ Percent of Effort: _____

_____ Title: _____

Work Location: _____

Work Email Address: _____

Work Phone: () _____ - _____

Educational Information

- Are you requesting educational leave? _____ If so, indicate the number of hours (maximum 52 per year) _____
- Are you matriculating toward a degree? _____
- 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.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

Estimated Cost Summary	
Course (s)	\$
Books	\$
Fees/ Miscellaneous	\$
Total Estimated Reimbursement	\$ <u> </u>

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: _____

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: _____

College Attending: _____

Address: _____

Undergraduate/Graduate Course (s) _____

Semester Dates From: ___/___/___ to ___/___/___

Educational Leave Requested: Yes No

Work Location: _____

Educational Leave Approved: Yes No

Work Email Address: _____

Hours of Educational Leave {52 per year} _____

Work Phone: () _____ - _____

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

Books	Cost	Employee Percent of Effort	Percent Approved	Amount to Be Paid	Reimbursement Summary	
					Course (s)	\$
					Books	\$
					Fees/Miscellaneous	\$
					Total Reimbursement Requested	\$
					Actual Reimbursement	\$

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

Employee signature: _____

Date: _____

Approved by: _____

Date: _____

Central Office Approval: _____

Date: _____