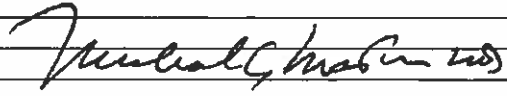


POLICY AND PROCEDURE	
SUBJECT/TITLE:	SCIOTO COUNTY HEALTH DEPARTMENT EDUCATION ASSISTANCE
MANUAL:	EMPLOYEE RESOURCES MANUAL
ORIGINALLY PREPARED BY:	Amber Gustin
REVISION PREPARED BY:	
EFFECTIVE DATE:	11-18-2022
HEALTH COMMISSIONER	DR. MICHAEL E. MARTIN 
REVIEW FREQUENCY:	
BOARD APPROVAL REVISION DATE:	
REFERENCE NUMBER:	G-19

Title: Educational Assistance

Purpose Statement: To define the process to provide educational assistance to an employee seeking to advance within SCHD.

Policy: It is the desire of the SCHD to financially assist employees pursuing additional education in accordance with the guidelines established below.

Procedure:

- A. Educational Assistance will be provided only for courses of study which are deemed by the Board of Health as “Hard to Fill” positions. The courses or programs must be offered by accredited institutions of learning.
- B. Selection:
  - a. Eligible employees’ applications will be reviewed to determine the following information for each employee:
    - i. Match of coursework to the organization’s needs.
    - ii. Performance.
    - iii. Potential for advancement.
    - iv. Work and educational goals.
  - b. The Health Commissioner reserves the right to approve educational assistance requests for employees that meet all relevant criteria.
  - c. The Health Commissioner will determine if the distribution of funds is available before approving educational assistance.
- C. Minimum Eligibility Requirements for Consideration:
  - a. Undergraduate degree/courses: Must be a full-time or part-time employee who has successfully completed their introductory period.
  - b. Graduate degrees: Must be a full-time employee with minimum of one (1) year continuous service.

- D. Other requirements for educational assistance include the following:
- a. The employee must have passed all competencies on their most recent performance appraisal and they must not have received any corrective action within the past six (6) months. If an employee receives a corrective action while receiving educational assistance, they forfeit assistance for six (6) months and are still obligated financially under their respective agreements.
  - b. Upon initial application to the program an eligible employee must complete and sign the “Educational Assistance Application and Agreement”. A complete list of anticipated course work or suggested schedule of classes from the employee’s school along with a projected degree completion date must be attached to the application. The application must have the approval of the Health Commissioner.
  - c. Employees will be required to complete a separate “Educational Assistance Request Form” for each academic session an employee requests funds for assistance. This form requires students to list the costs for each class they wish to take for their particular academic session. The form must be accompanied by an itemized receipt for reimbursement costs for educational materials (tuition, books, lab fees, etc.) from the employee. Credit card statements/bank account drafts. Copy of paid bill from university, and all receipts.
  - d. Requests for educational assistance should be approved prior to the beginning of classes. Any late fees are the responsibility of the student.
- E. Class attendance and completion of study assignments will ordinarily be accomplished outside the employee’s regular working hours. It is expected that educational activities will not interfere with the employee’s work assignments.
- F. The work commitment required to re-pay educational assistance will be based on hours worked rather than years worked. For Example, an employee receiving educational assistance must work \_\_\_\_\_ hours to re-pay their educational assistance. 8320 hours is the equivalent of 4 years of full-time employment (2080 hours per year x 4). PTO hours and overtime hours will be considered as hours worked for purposes of educational assistance re-payment; therefore, a full-time employee could fulfill their work commitment in less than 4 years depending upon the number of hours worked. Likewise, an employee choosing a reduced work schedule such as part-time or Flex will have to work a longer period of time to fulfill their obligation and work the required number of hours.
- G. Employees who terminate their employment prior to fulfilling their commitment will be responsible for the repayment of a prorated amount of the educational assistance immediately upon termination. The amount to be repaid will be calculated by dividing the total educational assistance spent on the degree by the number of hours required to repay the assistance to

- achieve a repayment per hour. The number of hours worked following completion of the degree would be subtracted from the total required amount to determine a balance due.
- a. For example, the SCHD will reimburse an employee per session. The work requirement is \_\_\_\_\_ hours. If the employee works 4000 hours, then decides to leave SCHD their balance would be calculated as follows: **\$ spent divided by total hours needed to repay = \$ per hour amount. 4000 hrs. worked x \$per hour amount = paid off amount. \$spent – paid off amount = \$balance owed upon termination.**
  - H. Any unpaid balances remaining at the time of termination will be deducted from the employee's final paycheck if possible, including paid vacation balances. If necessary, repayment arrangements for any outstanding balances must be with and approved by the Board of Health.
  - I. Employees who terminate their own employment prior to completion of the degree or who fail to complete their program will be responsible for the repayment of all educational assistance as determined by the Board of Health.
  - J. Following completion of the approved course work for each academic session, employees must submit a transcript of grades to the Health Commissioner (1) week of receipt and sign a "Tax Notification" form. Future reimbursement will not be approved until grades from previous academic session has been submitted.
  - K. Employees who receive a grade below a "C" or an "I" for any assistance approved course will not be reimbursed the educational assistance for that academic session. Educational assistance will not be provided again for the particular class in which an employee receives such grades. Employees will be responsible for payment of those particular classes.
  - L. The Health Commissioner will maintain all records related to the Educational Assistance Program.
  - M. SCHD reserves the right to modify, restrict, deny, and eliminate educational assistance benefits at any time and for any reason.



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### TAX NOTIFICATION

#### Employees Receiving Educational Assistance

This statement provides a notice to you of a possible tax implication to the financial assistance you will receive from the Scioto County Board of Health per agreement executed by and between you and the Scioto County Board of Health. Forgiveness of the indebtedness in connection with employment may be considered taxable income to an employee. You are encouraged to discuss this matter with your tax advisor. The amount forgiven will be reported to the Internal Revenue Service on Form 1099 on a calendar year basis. Receipt of this notice is acknowledged by my signature below.

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_



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### SCHD EDUCATIONAL ASSISTANCE ACKNOWLEDGEMENT

Upon accepting educational assistance from SCHD, I acknowledge that I FULLY understand the policy and agree to the following summary of my responsibilities (initial each acknowledgement as your read them).

\_\_\_\_\_ My commitment of \_\_\_\_\_ hours to SCHD does not start until I have earned the degree that I'm receiving assistance for.

\_\_\_\_\_ If I choose to leave SCHD before my degree is earned, I will owe the full amount (that was paid) back to SCHD.

\_\_\_\_\_ If I choose to leave SCHD after my degree has been earned and I have worked off part of the commitment hours, the balance I owe will be pro-rated.

It is my responsibility to make sure the Health Commissioner receives all required information before any payment will be processed:

\_\_\_\_\_ FULLY COMPLETED request form FOR EACH bill I want assistance with

\_\_\_\_\_ Itemized bill and receipts from school, including fees, required materials, and books

\_\_\_\_\_ Copy of previous grade (from last term SCHD paid for)

\_\_\_\_\_ I am responsible for giving the health Commissioner my final grades or certificate upon graduation to start my commitment hours.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EDUCATIONAL ASSISTNACE

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### PERFORMANCE EVALUTION

To be completed by the Health Commissioner

EMPLOYEE NAME: \_\_\_\_\_

1. Has this employee been rated as competent in all areas on their most recent performance evaluation? **YES NO**
2. Has this employee been without any corrective action (written or greater) in the last six months? **YES NO**
3. Has this employee completed their initial 90 days Introductory Period? **YES NO**

NOTE: If you answered NO to any of the three questions above, STOP HERE. This employee is not eligible for educational assistance at this time. Please inform the employee of such and the reason why. If you answered YES to all the questions above, please complete the remainder of this form.

1. How long has this employee worked for you and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list this employee's strengths and opportunities for improvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How would you rate the employee's overall work performance?

- a. Exceeds Expectations
- b. Meets Expectations
- c. Does Not Meet Expectations

4. Describe this employee's attendance record in the past two years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the likelihood that this employee will utilize the degree he/she is pursuing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you think that this employee plans to stay with SCHD after receiving a degree?

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7. Do you feel that this employee's behavior is consistent with SCHD Standards of Behavior?  
Please explain:

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8. Do you recommend this employee for the SCHD Educational Assistance Program? Please state specifically why or why not:

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Health Commissioner's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



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EDUCATIONAL ASSISTANCE APPLICATION & AGREEMENT

Scioto County Board of Health

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Extension: \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School you will be attending: \_\_\_\_\_

School's address (City/State): \_\_\_\_\_

List any alternate schools you plan to attend including the courses: \_\_\_\_\_

1. If you are pursuing a degree, please attach a list of required courses from the school's catalog and answer the following.

Type of degree: \_\_\_\_\_

Major: \_\_\_\_\_ # of required hours: \_\_\_\_\_

2. If not pursuing a degree, please attach a list of classes you are requesting assistance for.

Date Classes begin: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Explain what above classes will be beneficial to your present position or enhance your ability to assume another position at SCHD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the Scioto County Board of Health Educational Assistance Policy in effect as of the date indicated below. I agree to comply with all the conditions set forth in the aforementioned policy. I also understand I am obligated to work for SCHD for \_\_\_\_\_ hours following the completion of my degree. I also understand that if I terminate my own employment prior to the end of my work commitment, I will owe all or a portion of the assistance provided to me payable to the SCHD. I also

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agree that I will share information related to my coursework with SCHD if requested but not limited to, grade, official transcripts, official list of courses taken, etc.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH COMMISSIONER: \_\_\_\_\_ DATE: \_\_\_\_\_



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Board of Health Approval of the Scioto County Health Department Education Assistance Program.

  
\_\_\_\_\_  
Laura Miller

  
\_\_\_\_\_  
Christy Sherman

  
\_\_\_\_\_  
Dr. Aaron Adams

  
\_\_\_\_\_  
Dr. Jerod Walker

  
\_\_\_\_\_  
Sean Sturgill

  
\_\_\_\_\_  
Health Commissioner  
Dr. Michael Martin

  
\_\_\_\_\_  
Date