

## SEIU Healthcare 1199NW | EvergreenHealth Education and Training Fund

### About your Training Fund benefits

The Training Fund is a partnership between your union and your employer. It provides tuition reimbursement to support your educational and career advancement while meeting the workforce needs of EvergreenHealth.

### Using Your Benefit

1. Be accepted into an accredited college, university, or technical training institution prior to submitting the tuition assistance application.
2. Fill out the attached application.
3. Complete your education program, maintaining a minimum 2.0 cumulative grade point average.
4. After completing your education, continue to work at EvergreenHealth in good standing for one year (if total funds received are less than \$2,600.00) or two years (if total funds received are more than \$2,600.01).

### How to Apply

Tuition Assistance Applications are available online through the EvergreenHealth Employee Portal, or from the Education Department, and can be submitted to the SEIU Healthcare 1199NW/EvergreenHealth Education and Training Fund Committee at any time.



**“The Training Fund has helped me achieve my educational dreams. Because of the tuition assistance benefit, the financial burden of pursuing my education was reduced. That meant I could spend more time on my studies and my family, and less time worrying about my finances.**

**Noah Negron, Unit Tech, EvergreenHealth**

**Questions? Contact your delegate or organizer!**



EDUCATION DEPARTMENT USE:

Date of Receipt \_\_\_\_\_  
Member of SEIU: Y / N (circle)  
Employed min. 6 months: Y / N (circle)  
0.1 FTE or greater: Y / N (circle)  
Corrective Action: Y / N (circle)  
Participant # \_\_\_\_\_ MS# \_\_\_\_\_

## APPLICATION FOR FUNDING

**NOTE:** You must be *accepted* into an accredited college, university, or technical training institution prior to submitting the tuition assistance application.

**Submit Completed Application and All Required Documentation To:**

Education Department  
Attention: SEIU Healthcare 1199NW/EvergreenHealth Education and Training Fund  
EvergreenHealth  
12040 NE 128<sup>th</sup> Street, Mail Stop 106  
Kirkland, Washington 98034

***INCOMPLETE INFORMATION MAY RESULT IN A DELAY IN PROCESSING***

***PLEASE PRINT***

### I. PERSONAL INFORMATION

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Hospital position: \_\_\_\_\_ Department: \_\_\_\_\_

Date of hire: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Work Phone: \_\_\_\_\_

MM / DD / YYYY

Hours worked per week (FTE): \_\_\_\_\_ Usual shift (Circle): Days Evening Nights

### II. FORMAL EDUCATION

High School

\_\_\_\_\_ Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ GED \_\_\_\_\_

### Post High School

College(s), Certification and/or  
Technical Programs

Dates attended

Degree Awarded

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

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

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

### Current

College, Certification and/or  
Technical Program

Date started

Desired Degree

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

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

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

### III. EDUCATIONAL PLANS

Name of school: \_\_\_\_\_

School mailing address: \_\_\_\_\_

Have you been accepted: Yes \_\_\_\_\_ No \_\_\_\_\_ Program: \_\_\_\_\_

When do you plan to enter (quarter/semester, year): \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Credits required to complete the program: \_\_\_\_\_ *Estimated date of completion:* \_\_\_\_\_

Standing at time of this application ☐ freshman ☐ sophomore ☐ junior ☐ senior ☐ not applicable

***NOTE:*** Performance evaluation ratings from the EvergreenHealth Human Resources Department are obtained on a regular basis.

### IV. [OPTIONAL] INCLUDE A CAREER GOALS STATEMENT

If you choose, you may provide a statement about your career goals outlining:

- The reason for your request
- The type of professional skills you are choosing to pursue
- How the skills will benefit you
- The type of program (online or onsite)
- The time frame for program completion

### V. COMPLETE AND ACCURATE INFORMATION

**I certify that the information I have provided is complete and accurate.**

\_\_\_\_\_  
Applicant: printed name / Signature / Date

## EMPLOYMENT COMMITMENT AGREEMENT

This employment commitment agreement is made on \_\_\_\_\_, 20\_\_\_\_ between \_\_\_\_\_ (employee) and EvergreenHealth.

In return for tuition reimbursement, I agree to work at EvergreenHealth during and following the educational program. I agree to remain in good standing with 1) EvergreenHealth's performance requirements and 2) the educational program by maintaining a minimum cumulative 2.0 GPA (grade point average).

I understand that this program represents a conditioned payment for my benefit. In exchange for the tuition assistance, I agree to work at EvergreenHealth following completion of the educational program or last course taken; whichever is later and according to the following terms

- If the total funds received are less than \$2600.00, the employment commitment is one year at the FTE (full-time or part-time) held prior to entering the educational program (unless no equivalent or greater FTE is available)
- If the total funds received are greater than \$2600.01, the employment commitment is two years at the FTE held prior to entering the educational program (unless no equivalent or greater FTE is available)

If, after completion of the training or degree program, I'm prevented from continuing in my current role due to the policy "Working with Multiple Licenses," HR-P&C 405, and I conduct a one-hundred twenty (120) day search for a position within the EvergreenHealth System but are unable to obtain an appropriate position, I may submit a request to be released from the Employment Commitment Agreement. The request will be considered by the SEIU Healthcare 1199NW / EvergreenHealth Education and Training Fund Committee, and will be approved or denied at the Committee's sole discretion based on the circumstances of the request.

Should I voluntarily reduce my FTE, decrease to per diem status for reasons other than attending school or leave before honoring this commitment, I agree to repay EvergreenHealth for tuition assistance funds received. The repayment amount will be prorated by the amount of funds received divided by the number of commitment months not fulfilled.

If required to repay, I authorize EvergreenHealth to deduct a percentage of the full amount owed from my final paycheck and from any PTO cash out that I would otherwise be entitled to receive. If my final paycheck and PTO are insufficient to cover the amount owed, I agree to set up a repayment plan and to repay EvergreenHealth any additional amount owed within 12 months following my last day worked.

I understand that should my employment be involuntarily terminated and I am obligated to repay the fund according to the rates above, I authorize EvergreenHealth to deduct a percentage of the full amount owed from my final paycheck and from any PTO cash-out that I would otherwise be entitled to receive. If necessary, I will establish a repayment plan with EvergreenHealth for any remaining money owed, to be satisfied no later than 12 months following my last day worked.

Should I not comply with the repayment plan, then I understand collection action can be taken against me. I also understand that I will be responsible for any associated costs if collection action is required by EvergreenHealth.

I agree that this document does not constitute a contract for employment and no term or condition in this Agreement should be construed as a guarantee of employment. I further understand and agree that this Agreement does not guarantee my employment in a particular position, classification, or salary rate. I understand that this agreement is separate from any other agreement I have signed. I understand that tuition reimbursement in excess of current IRS Guidelines may be considered taxable income.

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**Employee Signature**

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**Date**

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**Authorized Signature**

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**Date**

**EvergreenHealth  
Director Educational Services and  
Professional Development  
Deann J. Edgers**

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**Authorized Signature**

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**Date**

**EvergreenHealth  
Chief Human Resources Officer  
Bob Sampson**

Copies: Employee  
Department Manager  
Education Department  
HR Employee File