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|  | ENTITY/HOSPITAL INTEGRIS | NUMBER SYS-HR-140 |
| | MANUAL System HR Policy | EFFECTIVE DATE 9/76 |
| | SUBJECT Education Reimbursement ATTACHMENT 1 Application | REVISED 6/04, 2/07, 1/08, 9/13, 1/14, 4/15, 5/16, 04/18 |

APPLICATION FOR EDUCATION REIMBURSEMENT

Request for Reimbursement (*Please type or print*)

Employee Name: _____ Employee ID: _____
 Home Phone #: _____ Dept Phone #: _____
 Hire Date: _____ Position: _____
 Department Name: _____
 Status: Full-time Regular Part-time

Degree/Licensure/ Certification: _____ Specialty: _____ Completion Date: _____

I have received \$ _____ In other assistance from _____

***Please do not list INTEGRIS Nursing Loans or Grants that have to be paid back.**

| Course # & Title | Tuition paid for course | Mandatory fees | Textbook charges | Began | Ended | Grade |
|------------------|-------------------------|----------------|------------------|-------|-------|-------|
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Paid receipts for tuition, required fees and books MUST BE ATTACHED along with documentation for course completion and grade(s). All items must be submitted within ninety (90) days after completion of each course (or program term, if applicable). FAX directly to (405) 713-4526 or interoffice to Human Resources, Dept 001.7062

I understand and agree to all of the eligibility requirements and other guidelines and standards as stated in the Education Reimbursement Policy of the INTEGRIS System Policies. I further understand that participation in the program does not guarantee continued employment, promotions or reassignments.

Employee Signature _____ Date _____

Manager Signature _____ Date _____