American Senior Communities

New Nurse Lisence/Education Reimbursement Request – New Nursing Graduate

Employee Name: _____ Employee ID: _____

Date of Hire: _____ Status: _____ Job Title: _____

Facility Name/Number: _____ Date of Request: _____

Educational Institution: _____

Licensure Date: _____

Type of License: _____

Maximum reimbursement is $2,000; see policy on Education Reimbursement for New Nursing Graduates for requirements for application and reimbursement.

Direct Deposit - Must attach a cancelled check or an authorization letter from your bank to your request.

Employee Signature:* _____ **Date:** _____

**By signing, you acknowledge you have read and understand the Tuition Assistance Policy, including the post-course length of service obligations.*

Approval: (must be within six months of beginning FT work as licensed LPN/RN with ASC)

ED Signature: _____ **Date:** _____

(Home Office employees: please obtain your department supervisor's approval signature.)

Home Office Use (circle one):

Denial reason: _____

Approved:_____

Sr. Director of Benefits: _____ **Date:** _____

Potential Reimbursement:	Amount Used Year to Date:
Total Expenses Confirmed for Reimbursement:	
Offsets for Grants or Scholarships:	
Date Submitted to Accounting:	Request Processed By: