**2019 OFNHP Professional Education Fund**

**Reimbursement Expense Form**

**REQUEST FOR REIMBURSMENT:** Use this OFNHP Professional Education Fund description for reimbursement guidelines and instructions. Proof of payment and grades/course completion are required for all submissions. OFNHP Professional reimbursement requests must be submitted within 60 days of class completion.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: | Employee ID #: | Tie-Line: | Date: |
| Position: | Facility: | Department: | Home/Cell Phone: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Explanation of Reimbursement Requested** | | **Education Hours** | **Date**  **(start/end)** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Hours: |  | Total Reimbursement Amount Requested: | **$** |
|  | | | |

By signing this form, I understand reimbursement(s) for educational funds are subject to the provisions of the OFNHP Professional Education Reimbursement policy; that I am acknowledging I have read the instructions on the following pages prior to submitting this request; and that I certify that these expenses are true and correct to the best of my knowledge.

X

Employee Signature Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HR USE ONLY** | | | | | | |
| Human Resources Signature: | | | | |  | |
| Union Amt Paid: | Pay Period/Date: | Amount Unpaid: | Overage Paid: | Overage Unpaid: | | Pay Period/Date: |

***Send requests via fax to 971-404-3421 or email NW-Tuition-Reimbursement@KP.Org***

For the most current information and forms for the education programs available to you as a KP employee, go to MyHr🡺Employee Actions🡺Tuition Reimbursement

# OFNHP Professional Education Reimbursement Policy

**Eligibility**

* Regular employees coded .5 FTE or greater shall be eligible for reimbursement of an amount up to $1200 per year, prorated based upon his/her FTE as shown in table below.
* Probationary employees **will accrue but may not access** funds until completion of their probationary period.
* Employees coded less than .5 FTE may apply for reimbursement from residual funds, if determined by the education committee.

**Guidelines**

* Employees must submit education expenses for reimbursement within 60 days of educational course completion.
* Assuming 1.0 FTE, unused reimbursement funds, up to a maximum of $1,200, roll over only into the following year and remain eligible for reimbursement. Rolled over funds not used become residual funds. The maximum available balance for 1.0 FTE is $2,400.
* Example 1:  You did not use any education reimbursement funds last year.  This year you have $2,400 available for use ($1,200 roll over from last year + $1,200 for current year).
* Example 2:  In year 1 you used $1,000 for education expenses.  Your total available education expenses reimbursement balance for year 2 is $1,400 ($200 roll over + $1,200 per year).  In year 2 you used $600, therefore, your available reimbursement balance for year 3 is $2,000 ($800 roll over from year 2 + $1,200 per year).
* For education reimbursement fund eligibility, your educational event must be paid for and completed by calendar year end, December 31.

Please see table below to determine amount of funds and hours available to you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OFNHP Professionals Eligible Hours and Funds** | | | | |
| **FTE/Coded Hours** | **Hired Between 01/01 and 06/30** | | **Hired Between 07/01 and 12/31** | |
| **Funds ($)** | **Education Hours Eligible** | **Funds ($)** | **Hours** |
| < .5 FTE (<20 hours) | \*see note below | 0 | \*\*see note below | 0 |
| .5 FTE (20 hours) | $600 | 20 | $300 | 10 |
| .55 FTE (22 hours) | $660 | 22 | $330 | 11 |
| .6 FTE ( 24 hours) | $720 | 24 | $360 | 12 |
| .65 FTE (26 hours) | $780 | 26 | $390 | 13 |
| .7 FTE (28 hours) | $840 | 28 | $420 | 14 |
| .75 FTE (30 hours) | $900 | 30 | $450 | 15 |
| .8 FTE (32 hours) | $960 | 32 | $480 | 16 |
| .85 FTE (34 hours) | $1020 | 34 | $510 | 17 |
| .9 FTE (36 hours) | $1,080 | 36 | $540 | 18 |
| .95 FTE (38 hours) | $1140 | 38 | $570 | 19 |
| 1.0 FTE (40 hours | $1,200 | 40 | $600 | 20 |

\* For Pros hired between 01/01 and 06/30 up to $600 may be available, depending on residual funds available.

\*\* For Pros hired between 07/01 and 12/31 up to $300 may be available, depending on residual funds available.

# Eligible Expenses for OFNHP Professionals Education Fund:

All expenses, with the exception of airfare, must be submitted at **one time** (i.e. – hotel, conference fee, rental car, etc.) We are not able to process items for an event that are submitted separately. ***Your confirmation of attendance, copy of Certificate of Completion, or grades must be included when you submit for reimbursement or your request will not be processed in a timely manner.***

1. Professional Practice License fee for initial license and renewal (secondary license not covered)
2. Board Certification/Recertification fees (Including testing fees)
3. BLS, ACLS, CPR, PALS, ***if not required*** for your position
4. Continuing professional education (CPE, CME,CEU)
5. Professional development seminar or conference fees and related expenses
6. Professional organization membership dues
7. Professional publications
8. Textbooks and computer software (educational and reference only)
9. Travel expenses:
   1. Airfare
   2. Hotel accommodations
   3. Mileage reimbursement when using own vehicle (at current IRS rate, please provide Google Maps route indicating total miles)
   4. Auto rental fees and gas for rental vehicle (small and midsize vehicles only)
   5. Meals while attending conferences or seminars
   6. Parking fees
   7. Tax fares
   8. Childcare expenses which allow a bargaining unit member to attend a conference

**Ineligible Expenses for OFHNP Professionals Education Fund:**

The following expenses will be reimbursed as business expenses (***through OneLink***) and **do not** apply towards the Education Fund. To ensure that these items are processed correctly, submit **separate requests** to OneLink with manger’s approval.

1. DEA license fees
2. Professional Practice License Fees for Secondary Licenses
3. Professional Practice License Change Fees
4. Administrative Leave Expenses
5. Advanced Life Support Certification fees, ***if required for position***
6. Certification for neonatal resuscitation fees, ***if required for position***
7. Professional recertification and/or additional certifications, ***if required for position***
8. Employer/Manager mandated training not listed above
9. Equipment (smartphones, tables, computers, stethoscopes, etc.)

Contact the Education Coordinator at [NW-Tuition-Reimbursement@kp.org](mailto:NW-Tuition-Reimbursement@kp.org), for additional questions.

**Checklist for KPNW Tuition Reimbursement and**

**Union Education Reimbursement Funds**

1. Are you using the correct form for your Union group and the current year’s form?

Yes

No. Please submit your request on the correct Union group and year form. If you do not submit your request on the correct form, your request will not be approved and paid.

1. Please ensure you are following the deadlines for submission as follows:

KPNW Tuition Reimbursement – 90 days from date of class completion

OFNHP Professionals – 60 days from date of class completion

Other submission reminders:

* Fill out the form completely. Use “Explanation of Reimbursement” field to list course, seminar, books or other education expenses.
* Print your name and employee number (starts with 00) on all sheets you are submitting, including your supporting documents (proof of payment, grades,or completion/attendance).
* Remember to date and sign your request form.
* Acceptable forms of proof of payment:
  + Copy of receipt (credit card or cash)
  + Copy of cancelled check (front & back showing proof of payment)
  + Copy of bank or credit card statement (black out your account number)
  + Copy of e-confirmation or payment.
* Acceptable proof of completion/attendance (for conferences, seminars and classes):
  + Copy of Certificate of Completion showing CME or CEU credits, grades
  + Or Copy of Certificate of Attendance
* If you have any other questions, please contact the Education Coordinator at the following:
  + [NW-Tuition-Reimbursement@kp.org](mailto:NW-Tuition-Reimbursement@kp.org)
* **Send completed form along with grades, proof of payment, and proof of completion via fax to 971-404-3421.** Reimbursement will be added to your payroll check as ***non-taxable income****.*
* All Tuition reimbursement funds are intended to be a reimbursement. The Education Coordinator will review and determine eligibility of courses.

January and February are the only months in which expenses for the prior year may be reimbursed