



2019 ONA Education Fund Reimbursement Expense Form

REQUEST FOR REIMBURSEMENT: Use the ONA Education Fund form for reimbursement. Proof of payment and grades/course completion are required for all submissions. Requests must be submitted within **60 days** of completion.

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

	Explanation of Reimbursement Requested	Date Start/End	Amount
1.			
2.			
3.			
4.			
5.			
Total Reimbursement Amount Requested:			\$

By signing this form, I understand reimbursement(s) for educational funds are subject to the provisions of the ONA Education Fund 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					
HR Signature:				<input type="checkbox"/> Approved <input type="checkbox"/> Denied (see attached)	
Union Amt. Paid:	Pay Period/Date:	Amount Unpaid:	Overage Paid:	Overage Unpaid:	Pay Period/Date:

COMMITTEE USE ONLY (If Applicable)	
<input type="checkbox"/> Approved Amount: \$	<input type="checkbox"/> Denied
Education Committee Rep. Signature: _____ Date: _____	
For End of the Year Overage Approval	
Amount Approved: \$	
Education Committee Rep. Signature _____ Date: _____	

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

ONA Education Reimbursement Policy

Eligibility

All current KPNW HP ONA union members with six (6) months of continuous service and coded 20 hours per week or greater shall be eligible to submit requests for education programs for up to \$200

Guidelines

1. Acceptable Continuing Education Programs shall assist personnel to:
 - a. Acquire new knowledge and skills.
 - b. Update basic knowledge.
 - c. Make transition from one area of nursing practice to another.
 - d. Acquire greater depth of knowledge and skill in a particular area of nursing.
 - e. Change attitudes and values.
 - f. Implement concepts of change in an individual's practice and throughout the health care system.
 - g. Assume responsibility for personal and professional development.
 - h. Encourage improvement of abilities of other health care workers to meet specific needs of our Health Plan members.
 - i. Promote and support innovation and creativity in health care services.
2. Certification/Recertification for PALS and ACLS
 - a. The employer will pay for the first two (2) attempts at the certification, both tuition and wages for the time spent in the certification process. ***This is NOT paid for through the fund.*** Please submit to your manager to request payment through OneLink.
 - b. For recertification the Employer will pay for the first two (2) attempts to gain recertification. The Employer only pays for the "recertification" section of the test. ***This is NOT paid for through the fund.*** Please submit to your manager to request payment through OneLink.
 - c. The employee is free to use the education fund to cover the cost of the full certification in excess of the recertification portion.

Appeals:

Send your written appeal to the ONA Education Committee. Committee representatives listed below.

Kathy D Gibbens: Kathy.D.Gibbens@kp.org

Carolyn A Fjelstad: Carolyn.A.Fjelstad@kp.org

Matthew Danielson: matthew.danielson@kp.org

Checklist for reimbursement:

Have you exhausted your KPNW Tuition Reimbursement Funds (for eligible education expenses) for the current year?

Are you using the correct form for your Union group, and the current year's form?

- 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.***

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

- KPNW Tuition Reimbursement – 90 days from date of class completion
- ONA RNs – 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 and 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
- Send completed form along with proof of payment and proof of completion **via fax to 971-404-3421 or email NW-Tuition-Reimbursement@KP.Org**
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- Reimbursement will be added to your payroll check as ***non-taxable income***.
- Tuition reimbursement funds are intended to be a reimbursement. The fund may or may not prepay education expenses. The Education Coordinator will review and determine eligibility of courses to qualify for prepayment.
- January and February are the only months in which expenses for the prior year may be reimbursed