



## 2019 OFNHP RN Education Fund / Certification Fund Reimbursement Expense Form

**REQUEST FOR REIMBURSEMENT:** Use the OFNHP RN Education Fund and Certification Form to submit for reimbursement. Proof of payment and of grades/course completion are required for all submissions.

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

#	Explanation of Reimbursement Requested	Fund		Date	Amount
		Ed	Cert	Start/End	
1.		<input type="checkbox"/>	<input type="checkbox"/>		
2.		<input type="checkbox"/>	<input type="checkbox"/>		
3.		<input type="checkbox"/>	<input type="checkbox"/>		
4.		<input type="checkbox"/>	<input type="checkbox"/>		
5.		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total Reimbursement Amount Requested:</b>					\$

By signing this form, I understand reimbursement(s) for educational funds are subject to the provisions of the OFNHP RN Education and Certification Fund 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: _____					<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: _____	
<b>For End of the Year Overage Approval</b>	
<b>Amount Approved: \$</b> Education Committee Rep. Signature _____ Date: _____	

**Send requests via fax to 971-404-3421 or email to [NW-Tuition-Reimbursement@KP.Org](mailto:NW-Tuition-Reimbursement@KP.Org)**



The KPNW Tuition Reimbursement Fund, OFNHP RN Education Reimbursement Fund and OFNHP Certification Reimbursement Fund are **three (3) separate funds**, which are processed and paid separately, out of their respective accounts.

The KPNW fund is now Online on MyHr → Employee Actions → Tuition Reimbursement page. **The OFNHP RN Education Committee no longer processes the RN Education and Certification Reimbursement Fund requests. Requests are processed by the Education Coordinator at HR Operations.**

### **Eligibility**

All current KP OFNHP RN Union members with six (6) months of continuous service in any status (regular, short hour or on-call) are eligible.

### **Guidelines**

1. **Eligible Programs:** Educational programs which are relevant to the jobrelated needs of the employee and to the health care needs of Kaiser Permanente members are eligible. This includes continuing education, professional development, education for certification and/or licensure and personal development.
2. **Eligible Expenses for the OFNHP RN Education Reimbursement Fund:** Eligible expenses include registration fees for seminars, workshops and conferences, and online classes for CEU credit. May also include tuition reimbursement in excess of funds available under the KPNW Tuition Reimbursement Policy.
3. **Eligible Expenses for the OFNHP RN Certification Reimbursement Fund:** Eligible expenses include fees for classes, books, CDs or other study related materials to assist in obtaining RN **specialty** certifications; fees for certification exams, up to two (2) tries per specialty exam; fees for re-certifications/certification maintenance. National certifications such as CCRN, CNOR, CEN, etc. are eligible. **Oregon or Washington state RN licenses are not covered.** Contact your manager regarding **any certification that is required** to maintain employment. These will be paid for by your department.
4. **Ineligible Expenses for the OFNHP RN Education and Certification Reimbursement Funds:** Ineligible expenses include meals, lodging, hotel incidentals, telephone calls, rental cars, wages (reimbursement for time loss), child care, parking fees, auto fuel, mileage, sitting for license boards, injured workers' training as covered by Workers' Compensation or outside insurance, professional dues and subscriptions, annual license fees or dues, and retraining as part of RIFs.
5. **OFNHP RN Education Reimbursement Fund Yearly Allowance:** The **maximum** available is \$200.00 per employee, per year until the OFNHP RN Education Fund is exhausted.
6. Please fill out the form completely. Check the corresponding "**Ed/Cert**" **box** to indicate which fund you are requesting reimbursement from (OFNHP RN Education Reimbursement Fund or Certification Reimbursement Fund). **Requests for KPNW Tuition Reimbursement Fund need to be submitted separately online in My Hr.**
7. Reimbursement applications will be reviewed by the Education Coordinator to confirm the proper documentation is submitted.
8. After submitting your completed and signed OFNHP RN Fund Reimbursement form, along with all supporting documentation, please review your pay statement to confirm your tax free reimbursement amount. *Note: Funds may not appear on your pay stub for **up to 2-4 pay periods.***

## **Appeals**

Send your written appeal to your Committee Representative who will present the appeal to the OFNHP RN Education Committee.

### **OFNHP RN Education Committee Representatives**

Margaret McGowan-Tuttle  
[Margaret.mcgowan-tuttle@kp.org](mailto:Margaret.mcgowan-tuttle@kp.org)

Rae A Lunde  
[Rae.A.Lunde@KP.Org](mailto:Rae.A.Lunde@KP.Org)

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# Checklist for Tuition Reimbursement

1. Have you exhausted your KPNW Tuition Reimbursement Funds for the current year?
  - Yes. Use your correct Union group and year reimbursement form.
  - No. Submit your request on a KPNW Tuition Reimbursement form.
2. Are you using the correct form for your Union group and the current year's form?
  - Yes
  - No. 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.***
3. Please ensure you are following the deadlines for submission as follows:
  - KPNW Tuition Reimbursement – 90 days from date of class completion
  - OFNHP RNs – Please contact the Education Coordinator at [NW-Tuition-Reimbursement@kp.org](mailto:NW-Tuition-Reimbursement@kp.org)

## 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/grades).
- Remember to date and sign your request form.
- Fax/email your documents and retain your originals.
- 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
  - 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 proof of payment and proof of completion via fax **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.